



### Intent to Provide Home-School Instruction

Student's Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Number of hours of attendance for the program: \_\_\_\_\_

In the space below, please provide a written description of the curricula to be used in the program.

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\*\*\*In accordance with Colorado Revised Statutes, Title 22, Article 33, Section 104.5, this form must be submitted to the school fourteen days prior to the establishment of the said program. Parents are required to keep records for each child enrolled in the program. These records must include attendance data, test and evaluation results, and immunization records.\*\*\*

Name of Parent / Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PHONE: 970-339-9153      6530 16<sup>TH</sup> STREET • GREELEY, CO • 80634      FAX: 970-339-5631

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