

Thompson School District R2-J

**Notification of
Intent to Home School**
(Please Print Clearly)

To: Sheila Pottorff, Principal
Harold Ferguson High School
Thompson School District
1101 Hilltop Dr.
Loveland, CO 80537
Phone: 970-613-5302
or 970-613-5300
Fax: 970-613-5395

For the school year _____

From: Parent/Guardian of Student Participating in Home School Program: _____

Date: _____ **Special Education:** Yes ___ No ___

To be eligible to participate in classes offered by the district, home instruction students shall be enrolled and attending school by September 15th of the current school year for least 90 hours per semester.

Please be advised of my intent to establish a home school program for the following children:

STUDENT INFORMATION

Name (Please Include Middle Name)	Date of Birth	M/F	Grade	Current School of Attendance

Instructional Contact Hours Must Average 4 Hours Per Day for 172 Days

As legal parent/guardian of the children listed above, I hereby notify you of my intent to establish a home school program under the provision of C.R.S. 22-33-104. I have read and understand my duties under current Colorado statues.

Parent/Guardian Signature

Street

City/State/Zip

Phone

Email

For Office Use Only

Sheila Pottorff, Principal **Date**
Harold Ferguson High School