

Colusa Unified School District
INDEPENDENT/HOME STUDY REQUEST

Student Name	Grade	Birthdate	Age
Address	City		Zip
Parent/Guardian _____		Phone: _____	Work/Message: _____
Last School Attended: _____			

Independent/Home Study Qualifications:

1. Parent/Guardian able to assume the role of primary educator with district support of Colusa Alternative Home School teacher meeting with family 1 hour per week.
2. Parent/Guardian must be able to support delivery of the curriculum.
3. Parent/Guardian must be at home at least 6-8 hours per day.
4. The home environment must be where the student is able to make continuous academic progress.
5. Home must be where social interaction with other peers occurs or appropriate social interaction will be provided outside the home.

Reason for Referral:

How will the above 5 Home School Qualifications be met? (Continue on back if necessary.)

Parent/Guardian Signature: _____ Date: _____

Note: Placement is dependent on space being available in the program.

For Referring School (if applicable):

Student Study Team Date: _____ SpEd: YES__ NO__ Home School Rep: _____

Recommendation: _____

For Colusa Alternative Home School Administrator:

Request is __DENIED __APPROVED, student is assigned to _____

Effective: __Immediately __At end of grading period __Beginning next school year __Other:

Principal's Signature: _____ Date _____