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 deliver the curriculum (in English).
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.

Additional Note:

* CUSD is offering independent study (AB 130) at our school sites as an additional option. Signing this form acknowledges the preferred program of our Colusa Alternative Home School program.
* Students participate in end of the year ceremonies according to the primary school of record. Students enrolled in Colusa Alternative Home School participate in our alternative end of the year ceremony for promotion and graduation.

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

Distrito Escolar Unificado de Colusa

**INDEPENDIENTE/SOLICITUD ESTUDIO EN CASA**

 Nombre de Estudiante Grado FDN Edad

 Domicilio Ciudad Zona Postal

Padre/Guardián Teléfono: Trabajo/Mensage:

Última escuela asistida:

Independiente/Requisitos de Estudio en Casa:

1. Padre/Guardián capaz de asumir el papel de educador primario con el apoyo del maestro/a del programa estudio en casa reuniéndose con la familia 1 hora por semana.
2. Padre/Guardián debe porder imparter el plan de estudios (en inglés).
3. Padre/Guardián debe estar en casa al menos 6-8 horas por día.
4. El ambiente en el hogar debe ser donde el estudiante pueda hacer un progreso académico continuo.
5. El hogar debe ser el lugar donde se produce la tineracción social con otros compañeros o se proporcionará una interacción social adecuada fuera del hogar.

Nota Adicional:

* El Distrito Escolar ofrece estudio independiente (AB130) en nuestras escuelas como una opción adicial. La firma de este formulario reconoce el programa preferido de la Escuela Alternativa Estudio en Casa.
* Los estudiantes participant en las ceremonias de fin de año de acuerdo con la escuela primaria registrada. Los estudiantes inscritos en la Escuela Alternativa Estudio en Casa participant en nuestra ceremonia alternative de fin de año para promoción y graduación.

Razón por la referencia:

¿Cómo se cumplirán los 5 requisitos de educación eb el hogar? (Continúe atrás si es necesario).

Firma Padre/Guardián: Fecha:

***Nota: Colocación en Escuela en Casa depende en el lugar disponible en el programa.***

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