## Thompson School District R2-J **Notification of**

	Inter	nt to H	ome Schoo int Clearly)	ol .
To: Jason Germain, Principal Harold Ferguson High Scho Thompson School District 1101 Hilltop Dr. Loveland, CO 80537 Phone: 970-613-5302 or 970-613-5300 Fax: 970-613-5395	ool			For the school year
From: Parent/Guardian of Student	Participating in H	ome Sc	hool Progra	m:
Date:				Special Education: Yes No
To be eligible to participate in cattending school by September 2.  Please be advised of my intent to	establish a home	nt scho	ool year for	for the following children:
Name (Please Include Middle Name)	Date of Birth	M/F	Grade	Current School of Attendance
(Trease include Middle Name)	Bitti			
Instructional C	Contact Hours M	Just Ay	verage 4 H	Jours Per Day for 172 Days
As legal parent/guardian of the chil	dren listed above,	I hereb	y notify you	of my intent to establish a home school program duties under current Colorado statues.
			-	Parent/Guardian Signature
For Office Us	o Only		_ <b>_</b>	Street
<u>For Office Use Only</u>			-	City/State/Zip
Jason Germain, Principal Harold Ferguson High Schoo	Da l	ite	-	Phone

Email

Revised 8/23/2016