

BASIC ACADEMIC EDUCATION PROGRAM FOR HOME-BASED EDUCATION

Sweetwater County School District No. 2

Green River, Wyoming

DATE: _____

PARENTS OR GUARDIANS

Names: _____ Phone: _____

Mailing Address: _____

Reason for Home Schooling: _____

Street Address of Home-Based Education Location: _____

CHILDREN OF COMPULSORY ATTENDANCE AGE (Age 7 to 16, or completion of 10th grade as defined by WY 21-4-102A)

Name	Birthdate	Program*

*Specify A, B, or C (see below) to indicate the type of academic program the child is involved in: (for correspondence or satellite schools, for a curriculum supplied primarily by a single publisher or supplier, and for individually compiled or prepared curricula).

TYPES OF PROGRAMS

Program A: Correspondence or Satellite Schools

For children instructed at home by parents, guardians, or assigned tutors using curriculum materials and a basic course of study prescribed and furnished primarily by a single publisher or supplier.

Name of School: _____ Phone: _____

Address of School: _____

Name of principal contact person: _____

Program B: Single Publisher

For children instructed at home by parents, guardians, or assigned tutors using curriculum materials and a basic course of study prescribed and furnished primarily by a single publisher or supplier.

Name of Publisher: _____ Phone: _____

Address of Publisher: _____

Name of principal contact person: _____

Program C: Individually Compiled Curriculum

For children instructed at home by parents, guardians, or assigned tutors using a basic course of study and curriculum materials designed and/or compiled by the parents, guardians, or tutor.

1. List major suppliers of basic academic educational materials:

<u>SUBJECT AREA</u>	<u>NAME OF SUPPLIER</u>	<u>ADDRESS OF SUPPLIER</u>
• READING		
LITERATURE		
WRITING		
• MATH		
• SCIENCE		
• LANGUAGE ARTS		
• SOCIAL STUDIES		
CIVICS		
HISTORY		

2. Describe in detail your plans for providing a basic academic education for each child in the upcoming academic year:

Return to: Sweetwater County School District #2
C/O Jean Barker (Data Management Department)
351 Monroe Avenue
Green River, WY 82935

Revised 10-2018

SWEETWATER COUNTY SCHOOL DISTRICT #2 TESTING

Sweetwater County School District #2 participates in one major test during each school year of which Home School Students can take part in. The state administered standardized test is called the WY-TOPP.

Wyoming Test of Proficiency and Progress (WY-TOPP) is a new and unique assessment system developed by the Wyoming Department of Education in cooperation with the American Institutes for Research (AIR). The instructionally supportive design of WY-TOPP presents a palette of information focusing on individual student growth and performance. Assessments in WY-TOPP will include Reading, Writing, Science, and Math.

The design provides information for teachers to make instructional decisions regarding their students throughout the school year. This allows re-teaching within specific standards focused upon concepts where students need additional opportunities for success. In order to accommodate the dialogue of students, teachers and parents about student learning, the results will be available within one month of testing.

If you choose to participate in this test the District will be in contact with you prior to testing to set up the time and place.

Yes, I wish my child to participate in the summative WY-TOPP Test

No, I do not want my child to participate in the summative WY-TOPP Test

Sweetwater County School District #2 receives and participates in several federally funded programs of which home school students may choose to participate in. In choosing to participate in these programs, students are required to participate in the WY-TOPP testing.

For questions pertaining to the WY-TOPP test, contact the Curriculum Department at 307-872-5500

SWEETWATER COUNTY SCHOOL DISTRICT #2

SCHOOL YEAR: _____

Verification of Non-Profit Private or Home School Participation

DISTRICT SHOULD SUBMIT COMPLETED AND SIGNED FORM(S) TO WDE IF A NON-PROFIT PRIVATE SCHOOL OR HOME SCHOOL REFUSES TO SIGN THE FORM, PLEASE SUBMIT VERIFICATION OF FORMS HAVING BEEN PROVIDED TO SUCH SCHOOLS OR INDIVIDUALS

Private School Name or Home School Parent's Name: _____

Street Address: _____

Number and ages of students attending the home or private school:

I/we are aware that the U.S. Education Department General Administrative Regulations, 34 CFR 76.650- 76.662, require that sub grantees shall provide students enrolled in private or home schools with an opportunity for equitable participation. No funds can be paid directly to the private or home school. If we participate, we will keep such records and make such reports as may be required for program audit.

I have been contacted as to my desire to participate in the program listed. ___ Yes ___ No
I was given the opportunity to become involved in the systematic planning, design and implementation of this project.
___ Yes ___ No

If the District has been awarded any of the following grants, I wish my school/child(ren) to participate in the ones I have checked:

<i>Program</i>	<i>Program Description</i>	<i>Check, if Services are requested</i>	<i>Number of Students</i>	
			<i>Male</i>	<i>Female</i>
<i>Title I, Part A</i>	<i>Reading and/or Math programs to help at-risk students meet challenging content and performance standards</i>			
<i>Title II, Part A</i>	<i>Professional development activities</i>			
<i>Title II, Part D</i>	<i>Technology</i>			
<i>Title III</i>	<i>English Language Proficiency</i>			
<i>Title IV</i>	<i>Safe and drug-free schools, activities/programs</i>			
<i>Title V</i>	<i>Innovative educational program</i>			
<i>Perkins</i>	<i>Vocational and Technical programs</i>			
<i>IDEA Part B Flow through</i>	<i>Excess costs for special education student programs</i>			
<i>IDEA Part B 619</i>	<i>Excess costs for special education student programs, ages 3-5, including Child Find activities</i>			

Signature of Private/Homeschool Official: _____

Revised 7-2017

This signature does not constitute an endorsement of the programs or projects being proposed.

Title: _____ Phone: _____ Date: _____

***Note to District: Enter name of school site where Title I Services will actually be received:**
