

**ARCHULETA SCHOOL DISTRICT 50 JOINT  
OFFICE OF THE SUPERINTENDENT  
PO Box 1498  
Pagosa Springs, Colorado 81147**



**NOTIFICATION OF ESTABLISHMENT OF A HOME STUDY PROGRAM**

Name of Child(ren) \_\_\_\_\_  
First Middle Last

Age of Child(ren) \_\_\_\_\_

Grade of Child(ren) \_\_\_\_\_

Place of Residence (Physical Address) \_\_\_\_\_  
\_\_\_\_\_

Number of hours of attendance in program \_\_\_\_\_  
(minimum is 4 hours per day for 171 days)

Parents Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_