

CHERRY CREEK OPTIONS PROGRAM

HOME-SCHOOL EDUCATIONAL PROGRAM FOR CHILDREN PARENT NOTIFICATION TO CHERRY CREEK SCHOOL DISTRICT #5 2024-2025 SCHOOL YEAR

Guardian #1: _____ Phone: _____

Guardian #2: _____ Phone: _____

Home Address: _____ Home Phone: _____

City _____ State _____ Zip _____ Requested Effective Date (Allow Minimum of 14 Days) _____

List participating students below:

STUDENT'S NAME (include FULL middle name)	DATE OF BIRTH	AGE	SITE DAY REGISTERED FOR	GRADE LEVEL	# HOURS / DAY OF AT HOME INSTRUCTION
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Identify name and telephone number of independent or parochial school where test results will be submitted if other than the Cherry Creek School District.

School Name _____ Office Telephone _____

I hereby acknowledge that I have read and understand the provisions of the Colorado School Laws – Article 33, Title 22, Revised Statutes 1998, Section 104.5, as amended, regarding Home-Based Education Programs for Children, and that the students listed above, in my charge and control, shall receive an education program of no less than one hundred seventy-two days of instruction, averaging four (4) instructional contact hours per day, and said program shall include, but not be limited to communication skills of reading, writing and speaking, mathematics, history civics, literature, science, and regular courses of instruction in the Constitution of the United States.

I further certify that the education progress of each student listed above shall be evaluated using an approved nationally standardized achievement test when he/she reaches the equivalent age for grades, three, five, seven, nine and eleven. If, following the first test or the second optional test, the child's composite test score is at or below the thirteenth percentile, said child shall be placed in a public, independent or parochial school until the next testing period.

Signature of Parent/Guardian #1 _____ Date _____

Signature of Parent/Guardian #2 _____ Date _____

(Only one parent/guardian signature required)

Received by Cherry Creek School District:

Signature _____ Date _____

RETURN THIS FORM TO: Cherie Lederhos, 14603 E. Fremont Ave., Centennial, CO 80112
Fax: 720-554-5744 PHONE: 720-554-5707 E-MAIL: clederhos@cherrycreekschools.org