

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.

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  
**SOLICITUD DE ESTUDIO INDEPENDIENTE/ESTUDIO EN CASA**

Nombre de Estudiante \_\_\_\_\_ Grado \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Edad \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Código Postal \_\_\_\_\_

Padre/Guardián \_\_\_\_\_ Teléfono: \_\_\_\_\_ Trabajo / Mensaje: \_\_\_\_\_

Última Escuela Asistida: \_\_\_\_\_

Requisitos para Estudio Independiente/ Programa Estudio en Casa:

1. Padre/Guardián asume el papel de educador primario con el apoyo de un maestro/a del Programa Alternativo Estudio en Casa de Colusa reunión con la familia 1 hora por semana.
2. Padre/Guardián debe ser capaz de apoyar la entrega del plan de estudios.
3. Padre/Guardián debe estar en casa por lo menos 6-8 horas por día.
4. El ambiente en el hogar debe ser donde el alumno pueda progresar académicamente.
5. Se debe proveer interacción social en el hogar o interacción social apropiada fuera del hogar.

Razón por la solicitud:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

¿Cómo se cumplirán los 5 requisitos del programa estudio en casa anteriores? (Continuar en la parte posterior si es necesario) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firma Padre/Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Nota: La colocación depende de espacio 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 \_\_\_\_\_