

Thompson School District R2-J

**Notification of  
Intent to Home School**  
(Please Print Clearly)

**To:** Sheila Pottorff, Principal  
Harold Ferguson High School  
Thompson School District  
1101 Hilltop Dr.  
Loveland, CO 80537  
Phone: 970-613-5302  
or Michelle 970-613-5001  
Fax: 970-613-5095

For the school year \_\_\_\_\_

**From:** Parent/Guardian of Student Participating in Home School Program: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Special Education:** Yes \_\_\_ No \_\_\_

**To be eligible to participate in classes offered by the district, home instruction students shall be enrolled and attending school by September 15th of the current school year for least 90 hours per semester.**

Please be advised of my intent to establish a home school program for the following children:

**STUDENT INFORMATION**

Name (Please Include Middle Name)	Date of Birth	M/F	Grade	Current School of Attendance

**Instructional Contact Hours Must Average 4 Hours Per Day for 172 Days**

As legal parent/guardian of the children listed above, I hereby notify you of my intent to establish a home school program under the provision of C.R.S. 22-33-104. I have read and understand my duties under current Colorado statues.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

<b><u>For Office Use Only</u></b>	
<b>Sheila Pottorff, Principal</b>	<b>Date</b>
<b>Harold Ferguson High School</b>	