Instructions: Complete this application and return it to the K-8 Home Study office located at Douglass Middle School, 525 Granada Drive (Room D1, corner of 2nd Street & Hays). A completed application does not guarantee enrollment in Home Independent Study. You will be contacted by phone to arrange for an interview. Student should continue to attend class while the application is being reviewed.

Application for a student **new** to the district cannot be processed without a copy of the student's immunization record, birth certificate, and verification of residence. For grade 1, a health report is required for school entry.

Student's Legal	Name			Date
	Last	First	Middle	
Student Age	Date of Birth	Grade	Entering	Gender: M/F
Parent/Guardian	Name			
	Last	F	irst	Middle Initial
Relationship to	student: Father	Mother Othe	er (please specify)	
Residence Addr	ess			
	Number and Stree	et or P.O. Box	City	Zip
Mailing Address	s if different than above	ve		
	Number and Stree	et or P.O. Box	City	Zip
Home Phone ()	Work Ph	one ()	
Cell Phone ()	Email Ad	dress	
•	previously enrolled in attended:	-	-	
	nrn about Home Study pply) Other			
Name of Curren	t or Previous School		Pho	ne
Address				
Date Last Attend	ded Above School	Gr	ade Level at Above S	School
Reason for Leav	ving			

Please answer the following questions to determine eligibility to enroll in Home Independent Study by circling "Y" (yes) or "N" (no) and provide an explanation when needed:

1.	Is the student suspended or expelled from any school in any district?	Y	N
2.	Is the student currently on probation? Probation Officer's name and phone number:	Y	N
3.	Is the student GATE (Gifted and Talented) identified?	Y	N
4.	Is the student classified as L.E.P (Limited English Proficient)?	Y	N
5.	Does the student have a current 504 Accommodation Plan?	Y	N
6.	Does the student have a current or previous I.E.P. (Individualized Education Program)? If you answered yes to question 6, which type of class or service did the student attend Circle all that apply:		N
	Speech RSP SDC Other: Last month and year of service		
7.	Does the student have an identified mental or physical disability that prohibits him/ her from attending school in a regular classroom setting?	Y	N
St	udent/ Parent Survey		
	udent: Please answer the following questions as accurately as possible and provide an expense needed. For young students, parent may answer if applicable.	plana	ation
1.	Are you a good reader who enjoys reading?	Y	N
2.	Do you prefer to do your schoolwork independently?	Y	N
3.	Do you make more progress when you work on your own?	Y	N
4.	Do you have a quiet place at home to do school work?	Y	N
5.	Do you like to organize and schedule your time for maximum benefit?	Y	N
6.	Despite other activities and/ or obligations, will you have 20 or more hours each week to devote to your school work?	Y	N

7. Do you believe in taking responsibility for your own actions?	Y	N
Parent: Please answer the following questions and provide an explanation when needed.		
1. Are you employed outside the home?	Y	N
2. Does your schedule allow you to be actively involved with your child's school work?	Y	N
3. As the parent of a student in grades K-8 Home Independent Study, do you understand that the person primarily responsible for providing instruction and assistance to your child?	you Y	are N
4. Are you and your child able to work together in a positive and productive manner?	Y	N
Reason(s) for requesting Home Independent Study. Check all that apply:		
Too far behind in regular school to catch up		
Prefer a different learning environment		
Regular school too easy		
Can make more progress independently		
Truancy problems		
Problems with peers		
Problems with behavior		

Please provide a brief explanation for any box checked.
Other reason(s) for requesting Home Independent Study? Explain here: