Home School Notification of Opportunity to Participate In Federally Funded Programs 2019-2020

Please check and sign either 1 or 2

1. \Box - *I* wish to receive a participation form in the spring.

I have been provided with descriptions of federal program services that may be available to my child or children through the local public school district. In the spring, I wish to receive notice from the public school district of the opportunity to participate in federally funded programs so that I may make a decision at that time.

| Name of Home School Parent/Guardian – please pri | int Schoo | ol District | |
|--|-----------|-------------|---|
| Address | City | ZIP | - |
| Signature | Date | | |

2. **I DO NOT** wish to receive a participation form in the spring.

I have been provided with descriptions of federal program services that may be available to my child or children through the local public school district. I do not wish to participate in these programs and do not want to receive notice from the public school district of the opportunity to participate in federally funded programs at any time in the future. If circumstances change and I wish to receive information, I will notify the school district to contact me about the opportunity to participate in federal programs.

| Name of Home School Parent/Guardian – please prin | nt Sc | bool District | |
|---|-------|---------------|-----|
| Address | City | | ZIP |
| Signature | Date | | |