Big Horn County School District #1

Verification/Notification *of* Opportunity *to* Participate *in* Federally Funded Programs

School Year 2026-2027

→ Home School Parent/Guardian Name(s): _____

→ Contact Address: _____ City: _____ Zip: _____

→ Contact Phone #: _____ Contact Email: _____

I/we are aware that the U.S. Education Department General Administrative Regulations, 34 CFR 76.650 - 76.662, require that subgrantees shall provide students enrolled in private or home schools with an opportunity for equitable participation. **No funds can be paid directly to the private or homeschool.** If we participate, we will keep such records and make such reports as may be required for program audit.

→ **I have read** this form & understand that I have the choice to participate in any of the federal programs for which funds are allocated. **YES _____ NO _____** *(See enclosure: Federal Programs Explained with projected allocations)*

→ **I wish to become** involved in the systematic planning, design and implementation of the listed programs. **YES _____ NO _____** *(See enclosure with meeting dates & times; complete & return the Community Response Form)*

In the upcoming school year, **I wish my school/child(ren) to participate** in the following programs I have checked:

Programs	Program Description	Check Below	# of Students	
			M	F
*Title I, Part A	Reading and/or math programs in elementary and middle school			
Title II, Part A	Teacher Improvement / Professional Development			
Title III	English Language Proficiency			
Title IV, Part A	Student Support & Academic Achievement			
Perkins	Vocational & technical programs in high school			
Title VI-B /IDEA611	Excess costs for special education student programs			
Title VI-B /IDEA619	Excess costs for preschool special education student programs, ages 3-5, including Child Find activities.			

If you have requested participation in any of the programs listed above, we will need the following information for the upcoming school year:

Number of students attending the home school: _____ List the age of student(s) next to their grade or attach a school roster. **K:_____ 1st:_____ 2nd:_____ 3rd:_____ 4th:_____ 5th:_____ 6th:_____**

7th:_____ 8th:_____ 9th:_____ 10th:_____ 11th:_____ 12th:_____

***Enter** name of school site where **Title I services** will actually be received: _____

→ **Please PRINT Name** of the signing Home School Parent/Guardian: _____

→ **Signature** of Home School Parent/Guardian: _____ **Date:** _____

This signature does not constitute an endorsement of the programs or projects being proposed.

***The school district is required** to submit completed and signed form(s) to WDE.*