



Laramie County School District No. 2

P.O. Box 489 – Pine Bluffs, WY 82082

www.laramie2.org

Phone 307-245-4050

Fax 307-459-6300

Justin Pierantoni, Superintendent
Cheyenne Flores, Executive Secretary

Thomas Logan, Business Manager
Shannon Perlinski, Special Services Director

August 2025

We understand that your child(ren) may be homeschooled for the upcoming school year. Please review, complete and return pages 1 and 5 of this packet to the district office by August 30, 2025.

Our district receives federal grants and homeschool students can participate in any and all of those programs. As a courtesy, we are sending this information to let you know of these programs. If you have any interest in your child participating we would be happy to answer questions and help in any way. We are required by the federal government to provide the information and ask that you complete the final form in this packet, which states we have informed you of your right to participate in the federally funded programs listed.

If there are any classes you would like to have your child(ren) participate in at your local school, you have the option of dual enrollment, even if for only one class period per day. Please contact the school principal if this is an option you would like to consider.

We hope this year will be rewarding and successful as you homeschool your child(ren). Thank you for your cooperation!

Sincerely,

Justin Pierantoni
Superintendent



STANDARDIZED FORM FOR REPORTING BASIC ACADEMIC EDUCATIONAL PROGRAM OF A HOME-BASED EDUCATIONAL PROGRAM

PARENTS OR GUARDIANS:

Name: _____

Address: _____

Phone: _____

CHILDREN OF COMPULSORY ATTENDANCE AGE (as defined by WS2I-4-102a)

Student Name	Date of Birth	Grade

Signature of Parent or Guardian: _____

Date: _____

Please return to: Cheyenne Flores at cheyenne.flores@laramie2.org OR
mail to

LCSD#2

PO Box 489

Pine Bluffs, WY 82082

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Grant Funded Programs Description

Title I	Provides support for academically underperforming students. These funds are currently being utilized by the district elementary schools: Albin Elementary, Burns Elementary, Carpenter Elementary and Pine Bluffs Elementary.
Title IIA	Provides support for teacher quality/professional development. These funds are utilized to assist staff with meeting school improvement goals through professional development opportunities.
Title III	Provides assistance to support immigrant students.
Title IV	Provides assistance to support safe and healthy schools. Three areas of need: Well Rounded Education, Safe and Healthy Students, Effective Use of Technology
Title VIB IDEA Part B 611 & 619	Provides support for students with special education needs. These funds are utilized for students that have been identified as having special needs in grades Pre-K through 12 th grade or age 21.
Perkins	Provides support for career-technical education (CTE) programs. These funds are utilized for CTE programs that are part of a program of study.
McKinney- Vento	Provides extensive rights to students experiencing homelessness

Please see attached form to choose the program(s) you wish to enroll your child(ren) into.

For questions regarding these Grant Funded Programs

Please call us at

307-245-4005

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Verification of Non-Profit Private or Home School Participation

District: Laramie County School District #2

School Year: _____

DISTRICT SHOULD SUBMIT COMPLETED AND SIGNED FORM(S) TO WDE. IF A NON-PROFIT PRIVATE SCHOOL OR HOME SCHOOL REFUSES TO SIGN THE FORM, PLEASE SUBMIT VERIFICATION OF FORMS HAVING BEEN PROVIDED TO SUCH SCHOOLS OR INDIVIDUALS.

Private School's Name or Home School Parent's Name: _____

Street Address: _____

City/State/Zip: _____

Number and ages of students attending the home or private school: _____

I am aware that the U.S. Education Department General Administrative Regulations, 34 CFR 76.650 – 76.662, require that sub-grantees 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 home school.** If we participate, we will keep such records and make such reports as may be required for program audit.

I have been contacted as to my desire to participate in the programs listed. Yes No

I was given the opportunity to become involved in the systematic planning, design, and implementation of this project. Yes No

I wish for my school/child(ren) to participate in the following programs I have checked:

Program	Program Description:	Check, if services are requested	Number of Students	
			M	F
*Title I, Part A	Reading and/or math programs to help at-risk students meet challenging content & performance standards.	<input type="checkbox"/>		
Note to District- Enter name of school site where Title I services will actually be received: <i>Albin Elementary, Burns Elementary, Carpenter Elementary and Pine Bluffs Elementary.</i>				
Title II, Part A	Professional development activities.	<input type="checkbox"/>		
Title III	Immigrant programs.	<input type="checkbox"/>		
Title IV	Safe and healthy school programs.	<input type="checkbox"/>		
Title II, Part A	Professional development activities.	<input type="checkbox"/>		
Perkins	Vocational & technical programs.	<input type="checkbox"/>		
IDEA Part B 611	Excess costs for special education student programs.	<input type="checkbox"/>		
IDEA Part B 619	Excess costs for special education student programs, ages 3-5, including Child Find activities.	<input type="checkbox"/>		
McKinney-Vento	Protects the rights of students in transition.	<input type="checkbox"/>		

Signature of Private/Home School Official: _____

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

Title: _____ Telephone: _____