

Home Schooling Notification

Instructions: Complete and return to the local school system's Home Schooling Coordinator.

State regulation requires that this form must be submitted at least fifteen (15) days prior to starting home schooling for administrative purposes.

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

PART A:

Student(s) Name			Gender		Date of Birth	Current
Last	First	Middle	M	F	Month/Year	Grade

Race (Optional):

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |

Parent/Guardian's Name: _____
Last
First
Middle

Address: _____

City
State
Zip Code

Alternate optional method of contact:

Home Phone: () _____ Business Phone: () _____
 E-Mail: _____ Fax: () _____

PART B:

1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01.05, Home Instruction program, attached hereto.
2. a. I would like my child/children to participate in the standardized testing program; or
 b. I would **not** like my child/children to participate in the standardized testing program.

PART C: (A SEPARATE "PART C" MUST BE COMPLETED FOR EACH CHILD)

Student Name: _____

Parents must select either A or B

Parents selecting A: will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to .01C, .01D and .01E. The portfolio will be reviewed by the local school system's personnel at least twice during the year at a mutually agreeable time and place.

A. I hereby AGREE that I will comply with state regulation COMAR 13A.10.10.01.C, .01D and .01E

or – Parents selecting B: will use correspondence courses under the supervision of a school or institution offering an educational program operated by a bona fide church organization that provides for .05A(1), .05A(2), .05A(3) and .05A(4), or under the supervision of a nonpublic school with a certificate of approval from the State Board of Education that provides for .05B(1) and .05B(2). The local school system will verify this information. Please note that the school system will not conduct portfolio review for parents teaching under .05A or .05B.

B. I hereby CERTIFY that I will be using correspondence courses under the supervision of a nonpublic school with a certificate of approval from the State Board of Education, or under the supervision of a school or institution offering an education program operated by a bona fide church organization under COMAR 13A.10.10.05.

Name of Nonpublic School		

Address: _____		

City/County	State	Zip Code

Signature, Parent/Guardian _____
Date

FOR LEA USE ONLY

Signature of LEA Staff Receiving Form _____
Date

Please return form to:

Name of Local Coordinator: _____

Local Board of Education Address: _____

City, State and Zip Code: _____