



CONFIDENTIAL

Home Schooling Notification

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

State regulations require that this form must be submitted at least fifteen (15) days prior to beginning your home instruction program.

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

PART A:

| Student Name | DOB Month/Year | Gender | Current Grade |
|---|-------------------|--------|---------------|
| | | | |
| OPTIONAL: CCPS school you would attend if not enrolled in home schooling | | | |

Race (Optional):

- American Indian or Alaskan Native
- Asian
- African American
- White
- Hispanic
- 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:

DATE YOU ANTICIPATE STARTING HOME SCHOOLING INSTRUCTION _____

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 to participate in the standardized testing program; or
 - b. I would **not** like my child to participate in the standardized testing program.

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 | | |
| Name _____ | | |
| Address: _____ | | |
| _____ | | |
| City/County | State | Zip Code |

Signature Parent/Guardian

Date

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FOR LEA USE ONLY

Signature of LEA Staff Receiving Form

Date

Please return form to:
Carroll County Public Schools
Attention: Sherry Brengle
Student Services Dept.
125 N. Court Street
Westminster, MD 21157

Or Fax: 410-751-3684