

CONFIDENTIAL

**The Howard County Public School System
HOME SCHOOLING NOTIFICATION**
For School Year ____ - ____

Office use only:
Withdrawal Date:
Reason:

Parent/Guardian

Title (Mr. Mrs.) First Last

Address:

Street

City State Zip Code

Home Phn: _____ Work Phn: _____ Email (optional) _____

I wish my child/children to participate in the standardized testing program. YES NO (circle one)
(Please make arrangements with your public school for testing)

Ethnicity (optional): Latino/Hispanic Not Latino Hispanic
Race (optional): White American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander

First and Last Name	Date of Birth	Gender	Grade	Optional Public School your child would attend	Optional Does your child have an I.E.P.?

PART IV Parents must select either option A or option B

Parents selecting A will maintain a portfolio of materials, which demonstrates that regular, thorough instruction is being provided according to regulation 13A.10.01 C, D, and E. The portfolio will be reviewed by the local school system's personnel at the conclusion of each semester at a mutually agreeable time and place.

I select option A and hereby AGREE that I will comply with regulation 13A.10.01 C, D, and E.

Parents selecting B will use correspondence courses under the supervision of a nonpublic school or institution as provided under regulation 13A.10.05. The local school system's personnel will verify that the supervising institution is duly registered with the Maryland State Department of Education to supervise home instruction. Please provide proof of your family's registration with the institution. Please note that parents teaching under .05A or .05B will not have a review of their program by a local school system.

I select option B and hereby CERTIFY that I will be using correspondence courses under the supervision of a nonpublic school or institution as provided under regulation 13A.10.05. I have selected the following nonpublic school (please attach proof of registration). Proof of enrollment is attached. (please note that failure to provide proof of enrollment in a nonpublic school will place the child/children under option A until proof is provided)

MSDE Approved Nonpublic School _____

Street City State Zip Code

Signature of Parent/Guardian

Date