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:**

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td>M</td>
</tr>
</tbody>
</table>

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:**

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.

<table>
<thead>
<tr>
<th>Name of Nonpublic School</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
</tr>
<tr>
<td>Address: ________________________________</td>
</tr>
<tr>
<td>________________________</td>
</tr>
<tr>
<td>City/County</td>
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<tr>
<td>________________________</td>
</tr>
</tbody>
</table>

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: _______________________________________________