

Anne Arundel County Public Schools Home School Notification Form

CONFIDENTIAL

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

PART A: TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN {Please PRINT}

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|-------------------------------------|--------------------------|---------------|----------------------|
| Parent/Guardian: (Mr/Mrs/Ms) | | | |
| | <i>Last</i> | <i>First</i> | <i>MI.</i> |
| Address: | | | |
| <i>Street</i> | <i>City and Zip Code</i> | | <i>(development)</i> |
| Phone: [Home]: () | | email: | |

Race (Optional) White Hispanic Native Hawaiian or Pacific Islander
 African American Asian American Indian or Alaskan Native

| Students to be home schooled: | | | Date of Birth | Current | Gender |
|-------------------------------|-------|--------|------------------|---------|--------|
| Last | First | Middle | (Month/Day/Year) | Grade | M/F |
| | | | | | |
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PART B: Please check box for compliance.

- 1 I hereby CERTIFY that I have read and understand the requirements in COMAR Regulations 13A.10.01.01.05, Home School program.
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- 2 **Yes**, I would like my child/children to participate in standardized testing in the public schools;
 No, I would not like my child/children to participate in standardized testing.
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PART C: Please check either option A (Board of Education) or option B (nonpublic groups)

- Parents selecting A :** I hereby AGREE that I will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to COMAR 13A 10.10.01C, .01D, and .01E. The portfolio will be reviewed by the Anne Arundel County Public School personnel at least twice during the year at a mutually agreeable time and place.
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- Parents selecting 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 bone fide church organization under COMAR 13A.10.10.05. (The school system will verify this information).

Name of Nonpublic School (Umbrella Group): _____
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Signature, {Parent/Guardian} and Date

AACPS School student/s would attend:

*Signature and date when received
(Home School Office)*