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:

| City State Zip Code Optional method of contact: | Student(s) Name | | | Gender | | Date of Birth | Current | |
|--|---------------------------|--------------------------|---------------------|---------------------|---------|-------------------|--------------|--|
| American Indian or Alaskan NativeAsianAfrican AmericanNative Hawaiian or other Pacific Islander Parent/Guardian's Name: | Last | First | Middle | M | F | Month/Year | Grade | |
| American Indian or Alaskan NativeAsianAfrican AmericanNative Hawaiian or other Pacific Islander Parent/Guardian's Name: | and the second | | | | | | | |
| American Indian or Alaskan NativeAsianAfrican AmericanNative Hawaiian or other Pacific Islander Parent/Guardian's Name: | | | | | | | | |
| American Indian or Alaskan NativeAsianAfrican AmericanNative Hawaiian or other Pacific Islander Parent/Guardian's Name: | No. 1 May | | | 49675 1530 | | | | |
| American Indian or Alaskan NativeAsianAfrican AmericanNative Hawaiian or other Pacific Islander Parent/Guardian's Name: | | | | | | * | | |
| American Indian or Alaskan NativeAsianAfrican AmericanNative Hawaiian or other Pacific Islander Parent/Guardian's Name: | | | THE PAGE ASSESSED. | | | | | |
| Address: City State Zip Code 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. | American White | | | | | Native Hawaiian o | or other | |
| City State Zip Code 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. | | | | First | | Middle | | |
| City State Zip Code 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. | | Liust | | 1 11 00 | | | | |
| 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. | Address: | | | - | 10 | | _ | |
| 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. | | | | | | | | |
| 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. | City | | | State | | Zip Code | | |
| E-Mail: Fax: (_) PART B: 1. | Optional method of c | ontact: | | | | | | |
| 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. | Home Phone: () | | Busine | Business Phone: () | | | | |
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| I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01.05, Home Instruction program, attached hereto. | E-Maii: | | Fax: (| _) | | | | |
| I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01.05, Home Instruction program, attached hereto. | | | | | | | | |
| Home Instruction program, attached hereto. | PART B: | | | | | | | |
| 2 a | | | | requiren | nents | in COMAR 13.A. | 10.01.01.05, | |
| 2. a. — I would like my emiddenidien to participate in the standardized testing program, or | 2. a. D I would like | my child/children to par | ticipate in the sta | ndardize | ed test | ing program; or | | |
| b. \square I would <u>not</u> like my child/children to participate in the standardized testing program. | b. 🛘 I would <u>not</u> l | ike my child/children to | participate in the | standar | dized | 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: Zip Code City/County State Date Signature, Parent/Guardian FOR LEA USE ONLY Signature of LEA Staff Receiving Form Date Please return form to:

204 Franklin Street

Denton, Maryland 21629

Name of Local Coordinator:

City, State and Zip Code:

Local Board of Education Address: