

## CARROLL COUNTY PUBLIC SCHOOLS

125 N. Court Street • Westminster, MD 21157

410-751-3000 TTY 410-751-3034 FAX 410-751-3003

CHARLES I. ECKER
Superintendent

CONFIDENTIAL

## **Home Schooling Notification**

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

State regulations requires 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

Last	dent Name First	Middle	, v			Grade
		Middle	M	F	Month/Day/Year	Grade 2006 - 2007
					7	
Race (Optional):American IndiaWhite	n or Alaskan Nativ	-	an panic		African American Native Hawaiian or oth Pacific Islander	ier
Parent/Guardian's Name:						**************************************
Address:	Last		First		Middle	
City		State			Zip Code	:
Alternate optional method	d of contact:					
Home Phone: ( ) E-Mail:					)	

- 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.  $\square$  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				
Cit	y/County	State	Zip Code	
Does your child cu	rrently receive special educ	ation or 504 services?	Yes*	No
	child begins a home school and perhaps a change or d	ling program, you are re		
request a review a	child begins a home school	ling program, you are re		
request a review a	child begins a home school nd perhaps a change or d	ling program, you are re	eminded to contact the h	

Please return form to:

Carroll County Public Schools Attention: Lauren Birnie Student Services Dept. 125 N. Court Street Westminster, MD 21157

