

## CAROLINE COUNTY PUBLIC SCHOOLS HOME SCHOOL NOTIFICATION

Please complete and return to:

**Mr. Bill Allen, Supervisor of Pupil Services, 204 Franklin Street, Denton, MD 21629**

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:**

Student(s) Name			Gender		Date of Birth	Current Grade
Last	First	Middle	M	F		

Race (optional):

- |                                                            |                                           |                                                                    |
|------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White            | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Hispanic                          | <input type="checkbox"/> African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |

Parent/Guardian's Name: \_\_\_\_\_  
Last
First
Middle

Physical Address: \_\_\_\_\_

**Mailing Address** (if different from physical address): \_\_\_\_\_

Optional method of contact: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Birth Certificate Parent/Mother's Name (optional): \_\_\_\_\_

Birth Certificate Parent/Father's Name (optional): \_\_\_\_\_

**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, on the back of this form.
  
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 COMAR 13A.10.01.01C, .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.10.01.01.C, .01D and .01E.

**OR - Parents selecting B:** will provide a home instruction program under the supervision of a school or institution offering an educational program operated by a bona fide church organization according to COMAR 13A.10.01.05 A(1), **or** under the supervision of a nonpublic school with a certificate of approval from the State Board of Education according to COMAR 13A.10.01.05A(2). The local school system will verify this information. Please note that the school system will not conduct portfolio review for parents providing a home instruction program under COMAR 13A.10.01.05A(1) or (2).

- B.  I hereby CERTIFY that I will be providing a home instruction program under the supervision of nonpublic school with a certificate of approval from the State Board of Education, or under the supervision of a school or institution offering an educational program operated by a bona fide church organization under COMAR 13A.10.01.05.

<b>Name of Nonpublic School</b>		
Address: _____		
City/County	State	Zip Code

\_\_\_\_\_  
Signature of Parent/Guardian Date

-----

**FOR LEA USE ONLY**

\_\_\_\_\_  
Signature of LEA Staff Receiving Form Date

-----

**Please return form to:**  
 Name of Local Coordinator: Mr. Bill Allen, Supervisor of Pupil Services  
 Local Board of Education Address: 204 Franklin Street  
 City, State and Zip Code: Denton, Maryland 21629