CARROLL COUNTY PUBLIC SCHOOLS

125 N. Court Street • Westminster, MD 21157

410-751-3122
TTY 410-751-3034
FAX 410-751-3684

Charles I. Ecker
Superintendent

CONFIDENTIAL

Home Schooling Notification

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

State regulations require 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

PART A:

Student Name	DOB Month/Year	Gender	Current Grade
OPTIONAL: CCPS school you would attend if not enrolled in home schooling			

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: DATE YOU ANTICIPATE STARTING HOME SCHOOLING INSTRUCTION _____

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 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. ☐ 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 _____

Address:_____

_____

City/County State Zip Code

Does your child currently receive special education or 504 services? ____ Yes* ____ No

***If Yes and your child begins a home schooling program, you are reminded to contact the home school to request a review and perhaps a change or dismissal from services.**

_____ _____

Signature Parent/Guardian Date

FOR LEA USE ONLY

_____ _____

Signature of LEA Staff Receiving Form Date

Please return form to:

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