

**CONFIDENTIAL**

Phone (301) 644-5235  
(301) 644-5244

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# Home Schooling Notification

**Instructions:** Complete and return to Department of Pupil Personnel, Frederick Co. Public Schools, 7516 Hayward Road, Frederick, MD 21702

State law requires that this form must be submitted at least fifteen (15) days prior to starting home schooling.

**PLEASE PRINT: All sections must be completed by parent or legal guardian.**

**PART A:**

Student(s) Name			Public School Student Would Attend	Gender		Date of Birth	Current Grade	Race optional
Last	First	Middle		M	F			

Race choices:  
American Indian or Alaskan Native ~ I, Asian ~ A, African American ~ AA, Hispanic ~ H,  
Native Hawaiian or other Pacific Islander ~ N, White ~ W

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_(\_\_\_\_)\_\_\_\_\_

Optional Method of Contact: Business Phone: \_(\_\_\_\_)\_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

**Please turn to complete Parts B & C**

**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.
  
- 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: 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.10.01.01C, .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 educational program operated by a bona fide church organization under COMAR 13A.10.01.05.

Name of Nonpublic School: \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

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**FOR LEA USE ONLY**

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

\_\_\_\_\_  
**Date**

