

# Garrett County Public Schools

## Home Schooling Notification

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

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: TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

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

Race (Optional):

American Indian or Alaskan Native  
 White

Asian  
 Hispanic

African American  
 Native Hawaiian or  
other Pacific Islander

Public School Your Child Last Attended: \_\_\_\_\_

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

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

City State Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 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.
2. a. \_\_\_\_\_ I would like my child/children to participate in the state assessment testing; or  
b. \_\_\_\_\_ I would not like my child/children to participate in the state assessment.

**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.10.10.01C, .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 education program operated by a bona fide church organization under COMAR 13A.10.10.05.

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

\_\_\_\_\_  
Signature, Parent/Guardian

\_\_\_\_\_  
Date

**Please indicate program of student before enrolling in home schooling.**

Public School: \_\_\_\_\_

Nonpublic School: \_\_\_\_\_

Special Education with IEP: \_\_\_\_\_

Other: \_\_\_\_\_

**FOR LEA USE ONLY**

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

\_\_\_\_\_  
Date

**Please return form to:**

Name of Local Coordinator: GARRETT COUNTY PUBLIC SCHOOLS: Department of Pupil Services

Local Board of Education Address: 40 South Second Street, Oakland, MD 21550