

Garrett County Public Schools

Home Schooling Notification

Instructions: Complete and return to the address on the bottom of the form.

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		BIRTHDATE	CURRENT GRADE
Last	First	Middle	M	F	Month/Day/Year	

Race (Optional):

- American Indian or Alaska Native
 Asian
 Black or African American
 White
 Hispanic/Latino
 Native Hawaiian or other Pacific Islander

Public School Your Child Last Attended: _____

Parent/Guardian's Name: _____
Last
First
Middle

Mailing Address: _____

City
State
Zip Code

Phone Number: _____ Email 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: _____

Parent/Guardian 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.

Name of Nonpublic School		
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