

Baltimore County Public Schools

HOME SCHOOLING NOTIFICATION FORM

FOR 2009-2010

CONFIDENTIAL

State Regulation requires that this form MUST be submitted at least fifteen (15) days prior to starting Home Schooling by Parent or Legal Guardian for administrative purposes.

SECTION I: *New Student Information.* List here **ONLY** the names of students residing in Baltimore County who are **NEW** to the home schooling program this year.

PART A:

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

If you have other children who participated in last year's Home Schooling Program, please list their first and last names here and be sure to complete a 2009-2010 Home Schooling Update Form. (Check our website for further information.)

RACE (Optional):

<input type="checkbox"/> American Indian or Alaskan Native (1)	<input type="checkbox"/> African American (3)	<input type="checkbox"/> Hispanic (5)
<input type="checkbox"/> Asian (2)	<input type="checkbox"/> White (4)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (6)

Name of Parent/Legal Guardian: _____
Last
First
Middle

Address: _____
(Street)
(City/State)
(Zip)

Alternate optional method of contact:
 Home Phone: () _____ Business Phone: () _____
 E-Mail: _____ Cell: () _____

SECTION II: *Program Certification and Test Verification* (Check all that apply)

PART B:

1. I hereby CERTIFY that I have read and understand the requirements of the Code of Maryland Regulations COMAR 13.A.10.01.01.05, Home Schooling Program.
2. a. Yes, I would like to have my child/children listed in Part A to participate in the standardized testing program. (See our website for further information.)
 If your child has an active IEP/504 plan, testing accommodations will be made. The parent should give a copy of the IEP/504 plan to school personnel prior to testing.
- b. No, I would not like my child/children listed in Part A to participate in the standardized testing program.

HOME SCHOOLING NOTIFICATION FORM 2009-2010 - (Continued)

SECTION III: Specific School Information (Optional)

Please indicate the specific school or program (if any) that student(s) listed in Part A participated in BEFORE enrollment in this year's home schooling program:

- Name of Public School - _____
- Name of Private School - _____
- Special Education Program with an IEP/504 plan- _____
(private or public)
- Other - _____

SECTION IV: Program Selection & Agreement Signature

PART C: Parents must select either A or B

A. **Parent Constructed** - The parent/guardian will maintain a portfolio of materials which demonstrates regular, thorough instruction is being provided according to COMAR 13A.10.10.01.C, .01D, and .01E. *A portfolio for each student will be reviewed at least twice a year by the Home Schooling Specialist (or designee) at a mutually agreeable time and place.*

I hereby AGREE that I will comply with state regulation COMAR 13A.10.10.01.C, .01D, and .01E.

B. **Umbrella Program** - The parent/guardian agrees to 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 reviews for parents teaching under .05A or .05B.

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 Umbrella Program/Nonpublic School: _____

Street: _____ City: _____ State: _____ Zip: _____

Please notify the Home Schooling Specialist as soon as possible if there are any changes to your program or any intentions to discontinue home schooling of your child/children.

Signature of Parent/Guardian _____ Date ____/____/____

Please send this completed application to:

Home Schooling Specialist
Baltimore County Public Schools
9610 Pulaski Park Drive; Ste. 219
Baltimore, MD 21220