

Baltimore County Public Schools

HOME SCHOOLING NOTIFICATION FORM

FOR 2015-2016

State Regulation requires that this form **MUST** be submitted by Parent or Legal Guardian at least fifteen (15) days prior to starting Home Schooling 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	2015-2016
Last	First	Middle	M	F	Month/Year	Grade

If you have other children who participated in Baltimore County's Home Schooling Program last year, please list their first and last names here and be sure to complete a 2015-2016 Home Schooling Verification Form. (Check our website for further information.)

RACE (Optional):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

Name of Parent/Legal Guardian:

(circle one) Mr./Mrs./Ms. _____
Last
First
Middle

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

Alternate optional method of contact:

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____ Business: (____) _____

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, 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. Full DOB will be needed for standardized testing.)
- b. No, I would not like my child/children listed in Part A to participate in the standardized testing program.

CONFIDENTIAL

Revised June 2015

Student(s) Name(s): _____

SECTION III: Specific School Information (Optional)

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

- Name of Public or Private School - _____
- IEP or 504 Plan - _____
- 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 according to COMAR 13A.10.01.01.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.10.01.01.C, .01D, and .01E.

B. **Umbrella/Nonpublic Entity 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.10.01.05.

Name of MSDE Approved Umbrella Program/Nonpublic Entity/ or Nonpublic School [Note: Parents choosing Calvert or Griggs must also purchase their supervisory service in order to be compliant with .05B(1) and .05B(2)]:

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

Note: You are required to 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 [COMAR 13A.10.01.01.B(3)].

Signature of
Parent/Guardian _____

Date ____/____/____

Please send this SIGNED, completed application to:

Donna Sochurek
Home Schooling Specialist
Baltimore County Public Schools
105 W. Chesapeake Ave., Lower Level
Towson, MD 21204
FAX 410-296-0148