Home School Notification Form

Purpose: This form is used by the Anne Arundel County Public Schools, in accordance with the State Board of Education regulation Title 13A, Subtitle 10, Home Instruction, Chapter 01, General Regulations. Those regulations establish procedures to determine if a student participating in a home schooling program is receiving regular, thorough instruction during the school year.

Instructions: Send completed form by mail:

Home School Office

Anne Arundel County Public Schools 2644 Riva Road, Annapolis, MD 21401 Send this form by fax:

410-222-5608

Please Print-Parent or Legal Guardian Must Complete All Sections

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SECTION I: Student/Parent/Guardian Information Date Home Schooling Will Begin (MM/DD/YYYY):					
Student Name (Last, First, Middle Initial)	Grade Level	Gender	Date of Birth	Anne Arundel County Publ Your Child Would Attend (
1.					
2.					
3.					
Parent/Guardian: (Last, First, Middle Initial)			Email address		
Mr Mrs Ms.					
Street Address, City, ZIP Code				Home Phone	
SECTION II: COMAR Regulations and Standardized Testing					
I. I hereby certify that I have read and unde	rstand the re	quirements	in COMAR F	Home School Regulations	313A.10.01.
2. a. I would like my child/children to parti	icipate in the	standardize	d testing pr	ogram.	
or	•		01	· ·	
b. I would not like my child/children to	participate in	the standar	dized testir	ng program.	
SECTION III: Program Supervision—Parents/Guardians	Must Select 'A	' or 'B'			
COMAR 13A.10.01, Home Instruction, requires supply A home schooling parent/guardian must choose of					
Program Type A—Anne Arundel County Publi					
Parents will maintain a portfo provided, according to CON					
by local school system pers	•			•	
Program Type B—Maryland State Departmen	t of Educatio	on (MSDE)			
Program is registered with the MSDE to supervise home schooling. Parent will use correspondence					
courses under the supervis	-		•	•	ch organization
or a nonpublic school with					
Required— Name of Supervising Nonpublic School (Umbrella Group)					Parkway,
, , , , , , , , , , , , , , , , , , , ,	Suite #10	17 Columb	ia, iviaryia	nd 21046	
Parent/Guardian Signature	Date	Home School Office Use Only			
			1101110		,
Local AACPS School		Signature			Date