Carroll County Public Schools

Building the Future

125 N. Court Street | Westminster, MD 21157

410-751-3000 410-751-3034 TTY 410-751-3003 FAX

Steven Lockard, Ph.D.
Superintendent
CONFIDENTIAL

Home Schooling Notification

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

State regulations require that this form must be submitted at least fifteen (15) days prior to beginning your home instruction program.

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Student Name	DOB Month/Year	Gender	Current Grade
OPTIONAL: CCPS school you would attend if not enrol	lled in home schooling		
Race (Optional):			
American Indian or Alaskan Native		_African American	
White	Hispanic	_Native Hawaiian or other Pacific Islander	
Parent/Guardian's Name:			
Address:	First	Middle	
City	State		Zip Code
Alternate optional method of contact:			
Home Phone:	Business Phone:		
E-Mail:	Fax:		
PART B: DATE YOU ANTICIPATE STAR	CTING HOME SCHOOL	LING INSTR	UCTION D
1. ☐ I hereby CERTIFY that I have rea	•	rements in CO	MAR
13.A.10.01.01.05, Home Instruction program	m, attached hereto.		
2. a. I would like my child to participate in	n the standardized testing p	rogram; or	
b. I would not like my child to partici	pate in the standardized tes	sting program.	

Parents must select either A or B			
Parents selecting A: will maintain a portfolio of is being provided according to .01C, .01D and .0 personnel at least twice during the year at a mutu	11E. The portfolio wil	l be reviewed by the local school	
A.	comply with state regu	lation COMAR 13A.10.10.01.C,	.01D and
or – Parents selecting B:			
will use correspondence courses under the super operated by a bona fide church organization that supervision of a nonpublic school with a certific for .05B(1) and .05B(2). The local school system will not conduct portfolio review for parents team B. I hereby CERTIFY that I will nonpublic school with a certificate of approval for the supervision of the	t provides for .05A(1), ate of approval from the m will verify this inforching under .05A or .0	.05A(2), .05A(3) and .05A(4), or ne State Board of Education that produced that the school 5B.	under the provides of system
school or institution offering an education	on program operated by	y a bona fide church organization	under
COMAR 13A.10.10.05. Name o	f Nonpublic School		
	•		
Name			
Address:			
City/County	State	Zip Code	
Signature Parent/Guardian		Date	
F	OR LEA USE ONLY		
Signature of LEA Staff Receiving Form		Date	

Please return form to: Carroll County Public Schools

Attention: M. Dona Foster Student Services Dept. 125 N. Court Street Westminster, MD 21157

Fax: (410) 751-3695

mdfoste@carrollk12.org