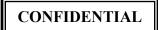
CECIL COUNTY PUBLIC SCHOOLS

Home and Hospital Education & Home Instruction 201 Booth Street Elkton, MD 21921

Phone: 410-996-5660 Fax: 410-996-5454



HOME SCHOOLING NOTIFICATION

Instructions: Complete and return form to: Berkeley C. Orr, Jr., Program Supervisor for Student Services at the above mailing address.

State regulation requires that this form must be submitted at least fifteen (15) days prior to starting Home Schooling for administrative purposes.

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

PART A:

Student(s) Name			Gender		Date of Birth		Carrant	
Last	First	Middle	M	F	Month/Year		Current Grade	
							Grade	
Special Education (option	onal): Yes	No						
Race (Optional):								
American Ind	Asian		Afric	African American				
White		Hispanic		Native Hawaiian or Other Pacific Islander				
Parent's/Guardian's N	Name:							
Last		First				Middle Initial		
Address:								
C (Optional)Alternative	Tity method of contact:	State	e		Z	Zip Code		
Home Phone:		Business Phone	e:					
Email:								
PART B:								
•	CERTIFY that I have restruction Program, attach	ad and understand the requed hereto.	uirem	ents ir	n COMA	AR 13.A	.10.01.01.05,	
		o participate in the standar						

PART C: (A SEPARATE PART C MUST BE COMPLETED FOR EACH CHILD) Student Name: _____ Parents 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. I hereby AGREE that I will comply with state regulation COMAR 13.A.10.10.01.C.01D and .01E A. *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. \(\subseteq \) 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 educational program operated by a bona fide church organization under COMAR 13A.10.10.05. Name of Nonpublic School Address: State Zip Code City/County Signature of Parent/Guardian Date Public home school name (Optional): FOR LEA USE ONLY Signature of LEA Staff Receiving Form Title Date

Entered/Transferred to Home Schooling on from

WD/transferred from Home Schooling on _______ to _____

(1/19)