



The Charles County Public School System
HOME SCHOOLING NOTIFICATION
 For School Year 2020 – 2021

Guardian Title (Mr. Mrs.) _____ First _____ Last _____

Parent Street Address _____

City _____ State _____ Zip Code _____

Home Phn: _____ Work Phn: _____ Email (optional): _____

I wish my child/children to participate in the standardized testing program. (circle one) **YES** **NO**

Ethnicity (optional): <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino Hispanic					
Race (optional): <input type="radio"/> Caucasian <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Native American Indian/Alaskan Native <input type="radio"/> Mixed/Biracial <input type="radio"/> Other					
First and Last Name	Date of Birth	Gender	Grade	Public school your child would attend (Optional)	Does your child have an IEP? (Optional)

PART IV Parents must select either option A or option B

Parents selecting A will maintain a portfolio of materials, which demonstrates that regular, thorough instruction is being provided according to regulation 13A.10.01 C, D, and E. The portfolio will be reviewed by the local school system's personnel at the conclusion of each semester at a mutually agreeable time and place.

I select **OPTION A** and hereby AGREE that will comply with regulation 13A 10.01 C, D, and E.

Parents selecting B will use correspondence courses under the supervision of a nonpublic school or institution as provided under regulation 13A.10.05. The local school system's personnel will verify that the supervising institution is duly registered with the Maryland State Department of Education to supervise home instruction. Please provide proof of your family's registration with the institution. Please note that parents teaching under .05A or .05B will not have a review of their program by a local school system.

I select **OPTION B** and hereby CERTIFY that I will be using correspondence courses under the supervision of a nonpublic school or institution as provided under regulation 13A.10.05. I have selected the following nonpublic school (please attach proof of registration). Proof of enrollment is attached. Please note that failure to provide proof of enrollment in a nonpublic school will place the child(ren) under option A until proof is provided.

MSDE Approved Nonpublic School: **HCHC LEADERSHIP ACADEMY**
9091 Snowden River Parkway, Ste. 1017
Columbia, MD 21046

Signature of Parent/Guardian _____ Date _____