



## HARFORD COUNTY PUBLIC SCHOOLS Home Schooling Notification Form

**Complete and Return Form to: Home School Instruction Liasion**

Patterson Mill Home School Office  
85 Patterson Mill Road  
Bel Air, Maryland 21015  
410-688-0611  
homeschool@hcps.org

State law requires that this form must be submitted at least fifteen (15) days prior to starting home schooling for administrative purposes.

**ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

**PART A** (Please Print)

Student(s) Name			Gender		Race (opt.)	D.O.B. (month/ year)	Current Grade	Special Ed. (yes/no) (opt.)	Last School Attended (opt.)
Last	First	M.I.	M	F					

Race Codes:    1. American Indian or Alaskan Native    3. African American    5. Hispanic  
                   2. Asian or Pacific Islander                    4. White (non-Hispanic)

Parent/Guardian's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

**Optional Method of contact:**

Home Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**PART B** (Please Check)

1.  I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01, Home Instruction program, attached hereto.
2. a.  I would like my child/children to participate in the standardized testing program; or b.  I would **not** like my child/children to participate in the standardized testing program.

**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 Harford County Public Schools' personnel at least twice during the year at a mutually agreeable time and place.

A. © I hereby AGREE that I will comply with state regulation, COMAR 13A.10.01.01C, .01D and .01E.

**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 Harford County Public Schools will not conduct portfolio review for parents teaching under .05A or .05B.

B. © 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.

<b>Nonpublic Entity Registered to Supervise Home Schooling</b>			
Name: _____			
Address: _____			
Street	City/County	State	Zip Code
Phone: _____			

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature, Parent/Guardian Date

**FOR LEA USE ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of LEA Staff Receiving Form Date

Date of Program Verification \_\_\_\_\_

**REVIEW MEETINGS:**

Date	Place
_____	_____
_____	_____
_____	_____