

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
 14201 School Lane  
 Upper Marlboro, Maryland 20772

# Home Schooling Notification

Instructions: Complete and return all copies to Prince George's County Public Schools, Division of Student Services, Dr. Betty Despenza-Green.

**State law 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	Current Grade
Last	First	Middle	M	F	Month/Year	

Race (optional):  
 American Indian or Alaskan Native       Asian       African American  
 White       Hispanic       Native Hawaiian or Other Pacific Islander  
 (Other) \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street Number City State Zip Code

Optional method of contact:  
 Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_

**PART B:**

1. ' I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01-05, Home schooling, 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.

PP-13      White Copy: Division of Student Services  
 Blue Copy: Director of Curriculum and Instruction, Home Schooling  
 Pink Copy: Parent/Guardian

**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 school year at a mutually agreeable time and place.

A. I hereby AGREE that I will comply with state regulation, COMAR 13A.10.10.01C., .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 .5B(1) and .5B(2). The local school system will verify this information. Please note that the school system will not conduct a 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.10.10.05.

<p><b>Name of Nonpublic School</b></p> <p>HCHC Leadership Academy            9091 Snowden River Pkwy, Ste. 1017            Columbia, Maryland 21046            ATTN: Rayna Remondini            (802) 424-2099</p>
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\_\_\_\_\_  
Signature, Parent/Guardian

\_\_\_\_\_  
Date

**FOR LEA USE ONLY**

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

\_\_\_\_\_  
Date

Please return form to:  
Dr. Betty Despenza-Green  
Prince George’s County Public Schools  
Division of Student Services  
Oxon Hill Staff Development Center  
7711 Livingston Road, Suite K  
Oxon Hill, Maryland 20743

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                                  Pink Copy: Parent/Guardian