

Home Schooling Notification

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

State regulation requires that this form must be submitted at least fifteen (15) calendar 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 Month/Year	Current Grade
Last	First	Middle	M	F		

Parent/Guardian's Name: _____
Last
First
Middle

Address: _____
City
State
Zip Code

WCPS School Attendance Area: _____

Alternate optional method of contact:

Home Phone: (____) _____ Business Phone: (____) _____
 E-Mail: _____ Cell: (____) _____

PART B:

1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01.01-.05, Home Instruction Program, attached hereto.
2. a. I would like my child/children to participate in the standardized testing program.
- b. I do **not** want 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 local school system's 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 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.10.01.05. 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. 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.10.01.05.

Name of Nonpublic School		
Name: _____		
Address: _____		
_____	_____	_____
City/County	State	Zip Code

➤ _____

Parent/Guardian Signature **Date**

Please return form to: Home Schooling Facilitator
 Department of Student Services
 Washington County Public Schools
 10435 Downsville Pike
 Hagerstown, Maryland 21740

Please note:
 -Annual verification of the continuation of home schooling is required before the beginning of the school year.
 -Any change in home school status must be reported to the WCPS home schooling office or the supervising non-public entity.