

Confidential

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
 Department of Curriculum & Instruction
 Academic Support
 Home Schooling
 9201 East Hampton Drive
 Capitol Heights, Maryland 20743

Home Schooling Notification

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.

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: () _____

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.



Student Name: _____

Parents must elect 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 electing 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 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.

Name of Nonpublic School		
Address		
City/County	State	Zip Code
Telephone Number	Contact Person	

Signature, Parent/Guardian _____ Date _____

FOR LEA USE ONLY

Signature of LEA Staff Receiving Form _____ Date _____

Please return form to:
Prince George's County Public Schools
Department of Curriculum & Instruction, Academic Support, Home Schooling
Instructional Services & Support Center
9201 East Hempton Drive
Capitol Heights, Maryland 20743