

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.

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:
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

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