# CONFIDENTIAL

# Baltimore County Public Schools HOME SCHOOLING NOTIFICATION FORM FOR 2005-2006

State Regulation requires that this form MUST be submitted at least fifteen (15) days prior to starting Home Schooling by Parent or Legal Guardian for administrative purposes.

**SECTION I:** *New Student Information.* List here **ONLY** the names of students residing in Baltimore County who are **NEW** to the home schooling program this year.

If you have other children who participated in last year's Home Schooling Program, please list their first and last names here and I sure to complete a 2005-2006 Home Schooling Update Form. (Check our website for further information.)  RACE (Optional): American Indian or Alaskan Native (1)	Student(s) Name			Gender		Date of Birth	Curre
RACE (Optional):  American Indian or Alaskan Native (1)  African American (3)  Hispanic (5)  Asian (2)  White (4)  Native Hawaiian or other Pacific Islander (6)  Name of Parent/Legal Guardian:  Last  First  Middle  Address:  (Street)  (Street)  (Street)  Alternate optional method of contact:  Home Phone: ()  E-Mail:  Fax: (_)  SECTION II: Program Certification and Test Verification (Check all that apply)  PART B:  1.   I hereby CERTIFY that I have read and understand the requirements of the Code of Maryland	Last	First	Middle	M	F	Month/Year	Grad
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Address:  (Street)  (Street)  (Street)  (City/State)  (City/State)  (Zip)  Alternate optional method of contact:  Home Phone: ()  E-Mail: Fax: ()  SECTION II: Program Certification and Test Verification (Check all that apply)  PART B:  1.	American Indian or Alaska			3)		Native Hawaiian	
Alternate optional method of contact:  Home Phone: (	G		Fii	rst		Middle	
Home Phone: (	· · · · · · · · · · · · · · · · · · ·		(Cit	y/State)		(Zip)	
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Regulations COMAR 13.A.10.01.01.05, Home Schooling Program.	PART B:  1. I hereby CERTIFY Regulations COMA	that I have read and unders R 13.A.10.01.01.05, Home So	tand the requirer chooling Progran	ments o	of the Co	ode of Maryland	
2. a. Yes, I would like to have my child/children listed in Part A to participate in the standardized testing program. (See our website for further information.)			-	articip	ate in th	e standardized testi	ng

program.

#### HOME SCHOOLING NOTIFICATION FORM 2005-2006 (Continued)

## SECTION III: Specific School Information (Optional)

Please indicate the specific school or program (if any) that student(s) listed in Part A participated in BEFORE enrollment in this year's home schooling program:

	Name of Public School				
	Name of Private School				
	Special Education Program with an IEP  (private or public)				
	• Other				
SEC1	TION IV: Program Selection & Agreement Signature				
	Γ C: Parents must select either A or B				
A.	<b>Parent Constructed</b> - The parent/guardian will maintain a portfolio of materials which demonstrates regular, thorough instruction is being provided according to COMAR 13A.10.10.01.C, .01D, and .01E. <i>A portfolio for each student will be reviewed at least twice a year by the Home Schooling Liaison (or designee) at a mutually agreeable time and place.</i>				
	I hereby AGREE that I will comply with state regulation COMAR 13A.10.10.01.C, .01D, and .01E.				
or -	<b>Umbrella Program</b> - The parent/guardian agrees to 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 the school system will not conduct portfolio reviews for parents teaching under .05A or .05B.				
В.	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 Umbrella Program/Nonpublic School:				
Street:	City:State:Zip:				
or an	e notify the Home Schooling Liaison as soon as possible if there are any changes to your program y intentions to discontinue home schooling of your child/children.				
Signati	ure of Parent/GuardianDate/				

### Please send this completed application to:

Dr. Francine M. Schaffer Home Schooling Liaison Baltimore County Public Schools 9610 Pulaski Park Drive; Ste. 219 Baltimore, MD 21220