CECIL COUNTY PUBLIC SCHOOLS

Home and Hospital Education & Home Instruction

201 Booth Street
Elkton, MD 21921
Phone: 410-996-5660 Fax: 410-996-5454

CONFIDENTIAL

HOME SCHOOLING NOTIFICATION

Instructions: Complete and return form to: Dara Lynn Montgomery, Administrative Assistant for Student Services at the above mailing address, or email to dlmontgomery@ccps.org

State regulation 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		

Special Education *(optional):* ☐ Yes ☐ NO

Race (Optional):

☐ American Indian or Alaskan Native ☐ Asian ☐ African American

☐ White ☐ Hispanic ☐ Native Hawaiian or Other Pacific

Parent's/Guardian's Name: _____

Last First Middle Initial

Address: _____

_____

City State Zip Code

(Optional) Alternative method of contact:

Home Phone: _____ Business Phone: _____

Email: _____ Fax Number: _____

1. ☐ I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01.05, Home Instruction Program, attached hereto.

2. a. ☐ I would like my child/children to participate in the standardized testing program; or
   b. ☐ I would <u>not</u> like my child/children to participate in the standardized testing program.

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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 .0lC,.01D, and .0lE. 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 13.A.10.10.01.C.01D and .0lE

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 .0SA{l), .0SA(2), .0SA(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(l) and .058(2). The local school system will verify this information. ***If a high school aged student is enrolled in a non-public school not on MSDE's approved list and chooses to return to a CCPS high school, they may have to pass a competency exam for each course in order to receive transfer credit.*** Please note that the school system will not conduct portfolio review for parents teaching under .0SA 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.l0.05.

Name of Nonpublic School

_____

Address: _____

_____

City/County State Zip Code

_____ _____

Signature of Parent/Guardian Date

Public home school.name *(Optional)*:_____

FOR LEA USE ONLY

_____ _____ _____

Signature of LEA Staff Receiving Form **Title** **Date**

Entered/Transferred to Home Schooling on_____ **from**_____

WD/transferred from Home Schooling on_____ **to** _____

(4/23)