Student Services
Caroline County Public Schools
204 Franklin Street, Denton, MD 21629
410-479-3253 (P) / 410-479-3269 (F)
student.services@ccpsstaff.org

HOME SCHOOL NOTIFICATION

CONFIDENTIAL

Please complete and email to: student.services@ccpsstaff.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

PART A:

Student(s) Name			Gender		Date of Birth	Current Grade
Last	First	Middle	M	F		

Race (optional):

☐ American Indian or Alaskan Native ☐ White ☐ Asian
☐ Hispanic ☐ African American ☐ Native Hawaiian or other Pacific Islander

Parent/Guardian's Name:_____
Last First Middle

Physical Address:_____

Mailing Address (if different from physical address):_____

Optional method of contact: Home Phone:_____ Cell Phone:_____

Email:_____ Business Phone:_____ Fax:_____

Birth Certificate Parent/Mother's Name (*optional*): _____

Birth Certificate Parent/Father's Name (*optional*): _____

PART B:

1. ☐ I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01.01-.05 (Home Instruction), 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.

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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 COMAR 13A.10.01.01C, .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 provide a home instruction program under the supervision of a school or institution offering an educational program operated by a bona fide church organization according to COMAR 13A.10.01.05 A(1), **or** under the supervision of a nonpublic school with a certificate of approval from the State Board of Education according to COMAR 13A.10.01.05A(2). The local school system will verify this information. Please note that the school system will not conduct portfolio review for parents providing a home instruction program under COMAR 13A.10.01.05A(1) or (2).

B. ☐ I hereby CERTIFY that I will be providing a home instruction program under the supervision of 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

_____

Address:_____

_____

City/County State Zip Code

_____ _____

Signature of Parent/Guardian Date

FOR LEA USE ONLY

_____ _____

Signature of LEA Staff Receiving Form Date

Revised 09/2022