CONFIDENTIAL

Home Schooling Notification
2025-2026

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. STUDENT INFORMATION (PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN)

List the names of students who will be participating in the home schooling program.

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

Parent/Guardian's Name: _____
Last First Middle

Address:_____

_____
City State Zip Code

Alternate optional method of contact:

Home Phone: _____ Business Phone: _____

E-mail:_____ Fax : _____

SECTION II.

PART B:

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 **not** like my child/children to participate in the standardized testing program.

SECTION III: SPECIFIC SCHOOL INFORMATION

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

Name of Public School - _____

Name of Private School - _____

Special Education Program with an IEP/504 Plan - _____

Other - _____

SECTION IV: PART C: PROGRAM SELECTION AND AGREEMENT SIGNATURE

Student Name: _____

Parents must select either A or B

Parents selecting A: The parent/guardian 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 year at a mutually agreeable time and place.***

A. ❑ I hereby AGREE that I will comply with state regulation COMAR 13A.10.10.01.C, .01D and .01E

Parents selecting B: The parent/guardian 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 .05B (1) and .05B (2). The local school system will verify this information. Please note that the school system will not conduct 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 Umbrella Program/Nonpublic School: _____

Street: _____

City:_____ State: _____ Zip: _____

Please notify the Home School Instruction Specialist as soon as possible if there are any changes to your program or any intentions to discontinue home schooling of your child/children.

Signature of Parent/Guardian _____ ***Date*** _____

Signature of LEA Staff Receiving Form Date

_____ _____

Please return form to:

Student Services
Worcester County Public Schools
6270 Worcester Highway
Newark, MD 21841