



# HARFORD COUNTY PUBLIC SCHOOLS

## Home Schooling Notification Form

(Please Print Clearly)

Student(s) Name		Date of Birth	Current Grade	Gender		Special Ed. (yes/no)	Last School Attended
Last	First			M	F		

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- I would like my child/children to participate in the standardized testing program; **Or**
- I would **NOT** like my child/children to participate in the standardized testing program.
- I hereby CERTIFY that I have read and understand the requirements in **COMAR 13A.10.01-05 Home Instruction program**, attached hereto.

**Select one option below**

- I will maintain a portfolio of materials which demonstrates that regular, thorough instruction is provided according to .01C, .01D and .01E. The portfolio will be reviewed by the Harford County Public Schools' personnel at least twice during the year at a mutually agreeable time and place.

**OR**

- I 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 Harford County Public Schools will not conduct portfolio review for parents teaching under .05A or .05B.

**Nonpublic Entity Registered to Supervise Home Schooling:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Staff Receiving Form: \_\_\_\_\_

Date of Program Verification: \_\_\_\_\_

**Please email this completed form to:**

**HCPS Homeschool Liaison**  
Joseph DiBasilio  
Homeschool@hcps.org  
410-588-5336