

# HCHC LEADERSHIP ACADEMY – UMBRELLA GROUP

**DIRECTIONS:** Sign and submit this form to [rayna@hchomeschooling.org](mailto:rayna@hchomeschooling.org)

Once this document is received, your membership subscription will be terminated. Thank you for your patronage. *Happy Homeschooling!*

\_\_\_\_\_

*This form is for use by HCHC Umbrella Members only.*

## RE: Maryland Letter of Withdrawal from Umbrella

**TO:** The Superintendent and school officials in \_\_\_\_\_ County.

Parent/Guardian Name(s): \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Child(ren) to be withdrawn: \_\_\_\_\_

(Names of any additional children) \_\_\_\_\_

This is to notify you that the above-listed child(ren) is/are withdrawing from a home instruction program that was monitored and supervised by the state approved Howard County Home-Educator Corp dba HCHC Leadership Academy located at 9091 Snowden River Parkway, Suite #1017 Columbia, MD 21046.

As of \_\_\_\_\_, pursuant to Maryland Education Code, the parent/guardian has enrolled their child(ren) in the following public/private school: \_\_\_\_\_ located in \_\_\_\_\_, MD.

As of \_\_\_\_\_, the parent/guardian has opted to withdraw from the Umbrella Group and respectfully terminate their annual review and supervision of their home-instruction program.

I am currently **not** under the direct supervision of any state approved umbrella group.

I am now with the following MD approved umbrella group: \_\_\_\_\_.

**I UNDERSTAND** that by signing below I relinquish all responsibility previously held by HCHC Leadership Academy to supervise my home instruction program and certify its adherence to the Code of Maryland Regulations (COMAR 13A.10.01.01 and .05) for home instruction.

\_\_\_\_\_  
Rayna Remondini  
HCHC Director & Administrator  
[rayna@hchomeschooling.org](mailto:rayna@hchomeschooling.org)  
Telephone: (802) 424-2099

\_\_\_\_\_  
Date  
Parent Signature

Date of Last Portfolio Review

PASSED  FAILED  NONE ON FILE