



CONFIDENTIAL

Home Schooling Notification

PURPOSE: This form is used by the Prince George's County Public Schools in accordance with the State Board of Education regulation Title 13A, Subtitle 10, Home Instruction, Chapter 01, General Regulations. Those Regulations establish procedures to determine if a student participating in a home schooling program is receiving regular, thorough instruction during the school year.

INSTRUCTIONS: Please complete a form for each child. Email the completed form to:

pgcps.homeschool@pgcps.org

State regulation requires that this form must be submitted at least (15) days prior to starting your home school program.

ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN
(Please print clearly)

Check one: New Application Annual Verification Change of Status

School Year: NOTE Change: _____

SECTION I: Student/Parent/Guardian Information

Student Name (Last, First, Middle)	Gender	Date of Birth	Current Grade	Prince George's County Public School Your Child Would Attend

Parent/Guardian Name and Address: _____

Race (optional) American Indian or Alaskan Native Asian African American White
 Hispanic Native Hawaiian or Other Pacific Islander
 Other

Method of contact (optional): email: _____

Home Phone

Business Phone

Cell Phone

SECTION II: COMAR Regulations and Standardized Testing

- I hereby certify that I have read and understand the requirements in COMAR 13A.10.01.01-05, Home Instruction Program, attached hereto.
- 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.

Student Name: _____

SECTION III: Program Supervision – Parents must select either A or B

Program A: I hereby AGREE that I will comply with state regulation, COMAR 13A.10.10.01C,.01D and .01E. Parents 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 school year at a mutually agreeable time and place.

Program B: I hereby CERTIFY that I will be under the supervision of a nonpublic school with a certificate of approval from the MD 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 Nonpublic School: HCHC Leadership AcademyStreet: 9091 Snowden River Parkway City: Columbia State: MD Zip Code: 21046Telephone Number: 8024242099 Contact Person: Rayna Remondini_____
Parent/Guardian Signature:_____
Date:_____
Signature of Home Schooling Designee_____
Date: