



Somerset County Public Schools Home School Program Application

Administrative Guidelines, Policy #500-27

Please Complete and return to:

Attn: Chari Jones (Coordinator of Student Services)
Student Services Department
Board of Education of Somerset County
7982-A Tawes Campus Drive
Westover, MD 21871

Office: 410-621-6269
Fax: 410-651-2931

State law requires that this form must be submitted at least fifteen (15) days prior to starting a homeschool instruction program.

PLEASE PRINT- ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Part A:

Table with 5 main columns: Student(s) Name (Last, First, Middle Name), Gender (M, F), Date of Birth (Month/Day/Year), Current Grade, and Current School.

Please make a selection

- American Indian or Alaskan Native
African American
Native Hawaiian/Pacific Islander
Asian
White
Hispanic

Parent /Guardian Name: Last First MI

Address:

City State Zip Code

Home Phone: Work Phone: Cell:

Part B: Please read and make a selection where applicable.

- 1. I hereby CERTIFY that I have read and understand the requirement in COMAR 13.10.01.01-5, Home Instruction Program, attached hereto.
2. I would like my child (ren) to participate in the standardized testing program.
I would NOT like for my child (ren) to participate in the standardized testing program.
3. I do wish to have my child (ren)'s directory information released
I do NOT wish to have my child (ren)'s directory information released



ASSURANCE OF CONSENT

Part C: Separate Part C and please complete a form for each child.

Students Name: _____

Parent/ Guardian must select and circle A or B as notated below.

Section A: 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 Somerset County Board of Education personnel at least twice during the year at the Board of Education or a mutually agreeable time and space.

A. I hereby **AGREE** that I will comply with state regulations COMAR 13A.10.10.01c, .01D and .01E.

Program or Curriculum Name: _____

Section B: Will use correspondence courses under the supervision of a school or institution offering an Educational program by a bona fide church organization that provides for .05A (1), .05A (3) and .05A (4) under the supervision of a non-public school with a certificate of approval from the Maryland State Department of Education that provides for .05B (2). Somerset County Public Schools will verify this information. Please note that the Somerset County Public Schools will Not conduct portfolio reviews for parents teaching under .05A and .05B.

B. I hereby CERTIFY that I will be using correspondence courses under the supervision of a non-public school with a certificate of approval from the Maryland State Department of Education or under the supervision of a school or institute offering an educational program operated by a bona fide church organization under COMAR 13A.10.10.05.

Non-public School / Umbrella Group / Bona Fide Church Organization

Name: _____

Address: _____

City/State/Zip: _____

Signature of Parent/Guardian

Date

For LEA use only

Signature of LEA Staff receiving the form

Date

- Exempt
- Not Exempt