Maryland Homeschool Notification Form

	Student(s) Last Name	First Name	Middle	Sex	Date of Birth	Grade
1.						
2.						
3.						
4.						

Street:	/ Guardian Name(s)					
State:	Zip:	County:	Phone:			
		RTIFY that I have read a Home Instruction Progra	and understand the requirements in COMAR am, attached hereto.			
2. a.	<i>I Would-</i> lik	ke my child/children to p	articipate in the standardized testing program.			
b.	I Would No	ot- want my child/childre	en to participate in the standardized testing program			
supervisio	school with ce on of a school o	rtificate of approval from r institution offering an e	correspondence courses under the supervision of a the State Board of Education, or under the educational program operated by a bona fide church pol system will verify this information)			
		Name of No	npublic School:			
Ch	urchville Ci	hristian School: P	O Box 534, Churchville MD, 21028			
Parent / (Guardian Signat	ure	Date			

Note: Return this form to your Maryland County Board of Education: (See Back for Address.)

Please take a picture of this completed and signed form and save in your data. Email this form to your county board of education office before mailing it, using your smart phone works fine. If your child is currently enrolled in Public School, please email a copy to the school they last attended.