CONFIDENTIAL	The Howard County Public School System HOME SCHOOLING NOTIFICATION For School Year				Office use only: Withdrawal Date: Reason:	
Parent/Guardian	Title (Mr. Mrs.)	First	······································		Last	
Address:		riist			Last	
	Street		94			
II Di	City		State		Zip Code	
	Work Phn: Email (optional) participate in the standardized testing program. YES NO				NO (a)	rala ana)
1.0	(Please make arrangem		ATTE: 107 107/12			rcle one)
Ethnicity (optional): Latin	no/Hispanic Not Latino	Hispanic	The same of the sa		<u> </u>	the second secon
Race (optional): White An		CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	3lack/Africa	n American Nat	ive Hawaiian/C	Other Pacific Islander
First and Last Name	Date of Birth	Gender	Grade	Optional Public School your child would attend		Optional Does your child have an I.E.P.?
				,		
				*		
			1			
PART IV Parents must sele	ect either option A or o	otion B				
Parents selecting A will mainta according to regulation 13A.10.0 of each semester at a mutually a	in a portfolio of materials, w 1 C, D, and E. The portfolio	hich demons	trates that r wed by the	egular, thorough local school syst	instruction is em's personn	being provided el at the conclusion
☐ I select option A	A and hereby AGREE	that I will co	mply with	regulation 1	3A.10.01 C	, D, and E.
Parents selecting B will use co regulation 13A.10.05. The local State Department of Education t Please note that parents teaching	school system's personnel to supervise home instruction	will verify that on. Please pro	the superv	ising institution is of your family's re	duly register egistration wit	ed with the Maryland th the institution.
supervision of a selected the fol attached. (plea	B and hereby CERTIF's nonpublic school or illowing nonpublic schoolse note that failure to proder option A until proof is	nstitution a ol (please ovide proof o	s provide attach pro	d under regulated of of registrated	ation 13A.1 ion). Proo	0.05. I have f of enrollment is
MSDE Approved Nonpubl	ic School Glenn	wood Co	untry	Day S	chad	
14785 Bushy Pa	rk Rd. Wood	oine,	1	MD .		21797 Zip Code

Please return completed form to: Home Instruction, HCPSS Ellicott City, MD 21042 10920 Route 108 #B46

Signature of Parent/Guardian

Date