



# Annual Parent Notification of Intent to Home School

(Confidential)

Department of Student Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 270-36**  
**October 2009**

INSTRUCTIONS: Please complete the following information.

Parent Name \_\_\_\_\_ Telephone (optional) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Is the address or telephone number (if provided) new (optional)?  Yes  No

**Please complete the following information for each child who will continue to be home schooled for the coming school year. For students new to home schooling, please contact the Department of Student Services at the number below.**

First and Last Name	Birthdate (Month/Year)	Grade	Home Schooling Program 20 ____-20 ____ School Year	Is this a change? (optional)	If yes, please explain. (optional)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Signature, Parent Date*

Please refer questions to the Department of Student Services.

**Please mail or fax this form to the Department of Student Services by September 1.**

Department of Student Services  
Montgomery County Public Schools  
850 Hungerford Drive, Room 211  
Rockville, MD 20850

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Telephone: 301-279-3912  
Fax: 301-279-3207