

Illinois State Board of Education
 Data Analysis and Accountability Division
 100 North First Street, S-284
 Springfield, Illinois 62777-0001
 Telephone #: 217/782-3950 Fax #: 217/524-7784

Home Schooling Registration
 School Year Beginning in Fall _____ (provide year)

Directions: Please complete all areas of this form and return it to the Illinois State Board of Education at the address above. This form is electronically fillable or you may print a copy and complete it by hand—PLEASE PRINT.

PLEASE REMEMBER TO REGISTER EVERY SEPTEMBER.

Registration with the Illinois State Board of Education and/or your Regional Office of Education is voluntary.

| | | |
|---|-------------------------------|-------------------------|
| NAME(S) OF PARENT(S) OR GUARDIAN(S) | | COUNTY |
| ADDRESS (Street, City, State, Zip Code) | TELEPHONE (Include Area Code) | FAX (Include Area Code) |
| E-MAIL | | |

Provide the full name of each child being taught and information for the current school year:

| NAME | GRADE | GENDER | | DATE OF BIRTH (mm/dd/yyyy) |
|------|-------|--------------------------|--------------------------|-------------------------------|
| | | MALE | FEMALE | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |

Provide information on the last public or nonpublic school attended (if applicable):

| CHILD | SCHOOL NAME | PUBLIC/ NONPUBLIC (Check only one) | | DATES OF ATTENDANCE (mm/dd/yyyy) |
|-------|-------------|---------------------------------------|--------------------------|-------------------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | ___/___/___ |

Provide the name of the curriculum to be used: _____

Education areas being taught (check all that apply):

(Section 26-1 of the School Code states that areas of education must be taught in the English language)

- Language Arts
 Mathematics
 Biological and Physical Sciences
 Social Sciences
 Fine Arts
 Physical Development and Health

Other (please specify) _____

 Signature of Parent/Guardian Date