

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

**Home School Registration**  
**School Year Beginning in Fall \_\_\_\_\_ (provide year)**

Please complete all areas of this form and return **one** signed copy to your Regional Office of Education and **one** signed copy to the Illinois State Board of Education at the address above. Please print.

**PLEASE REMEMBER TO REGISTER EVERY SEPTEMBER.** (Registration is voluntary in Illinois.)

Name(s) of Parent(s) and/or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ E-mail (if applicable): \_\_\_\_\_

Telephone # (with area code): \_\_\_\_\_ Fax # (if applicable): \_\_\_\_\_

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

Name	Grade	Gender	Race/Ethnicity	DOB	Race/Ethnicity Choices	
_____	_____	_____	_____	_____	<b>1 = White, Non-Hispanic</b> <b>2 = Black, Non-Hispanic</b> <b>3 = American Indian/Alaskan Native</b>	<b>4 = Asian/ Pacific Islander</b> <b>5 = Hispanic</b> <b>6 = Multiracial/ Ethnic</b>
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		

**Provide school and district information on the last public/nonpublic school attended (if applicable):**

Child _____	School Name _____	District # _____	Dates of Attendance _____
Child _____	School Name _____	District # _____	Dates of Attendance _____
Child _____	School Name _____	District # _____	Dates of Attendance _____
Child _____	School Name _____	District # _____	Dates of Attendance _____
Child _____	School Name _____	District # _____	Dates of Attendance _____

**Provide the name of the curriculum to be used:** \_\_\_\_\_

**Education areas being taught (check all that apply):**

(Section 26-1.1 of The School Code states that areas of education must be taught in the English language)

- Language Arts     
  Mathematics     
  Biological/Physical Science  
 Social Sciences     
  Fine Arts     
  Physical Development/Health

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**