

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 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"/>	___/___/___

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)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Biological and Physical Sciences |
| <input type="checkbox"/> Social Sciences | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Physical Development and Health |

Other (please specify) _____

Signature of Parent/Guardian

Date (mm/dd/yyyy)