

100 North First Street, E-222 Springfield, Illinois 62777-0001 Telephone: (217) 782-5270

HOME SCHOOLING REGISTRATION SCHOOL YEAR BEGINNING IN FALL (Provide Year)

REGULATORY SUPPORT AND WELLNESS DIVISION

<u>Directions</u>: Please complete all areas of this form and submit it to the Illinois State Board of Education at the following e-mail address hsregist@isbe.net. This form is electronically fillable and you need to save it prior to submitting it via e-mail.

This completed form shall serve as notice to any school district, Regional Office of Education, or truant officer that the indicated parties have registered with the Illinois State Board of Education as home school students.

NAME(S) OF PARENT(S) OR GUARDIAN(S)		С	COUNTY					
ADDRESS (Street, City, State, Zip Code)			TELEPHONE (Include Area Cod		Code)	ode) FAX (Include Area Code)		
		E	E-MAIL					
Provide the full name of each child be	eing taught and info	ormation for th	he current	school year:				
NAME		GRADE			GENDER		DATE OF BIRTH	
				MALE	FEMALE			
							-	
Provide information on the last public	or nonpublic school	ol attended (if	f applicab	le):				
CHII D	SCHOOL NAME			PUBLIC	UBLIC NONPUBLIC		DATE OF BIRTH	
CHILD	SCHO	OI NAME		1 ODLIO	110111		DATE OF BIRTH	
CHILD	scно	OL NAME			only one)		DATE OF BIRTH	
CHILD	scho	OOL NAME]	DATE OF BIRTH	
CHILD	scho	OOL NAME	-]	DATE OF BIRTH	
CHILD	scho	OOL NAME]		
CHILD	scho	OOL NAME]		
CHILD	SCHO	OOL NAME						
CHILD Provide the name of the curriculum to		OOL NAME		(Check o				
	be used:all that apply):		t be taugh	(Check o	only one)]]]]	DATE OF BIRTH	
Provide the name of the curriculum to Education areas being taught (check	be used:all that apply):	ducation must	t be taugh	(Check o	h Langua]]]]]		
Provide the name of the curriculum to Education areas being taught (check (Section 26-1 of the School Code state	be used:all that apply): tes that areas of ed	ducation must	t be taugh	(Check o	h Langua]]] age)		