

**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)

Please complete all areas of this form and return to the Illinois State Board of Education at the address above.
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) 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	
_____	_____	_____	_____	_____	1 = White, Non-Hispanic	4 = Asian/ Pacific Islander
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	2 = Black, Non-Hispanic	5 = Hispanic
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	3 = American Indian/Alaskan Native	6 = Multiracial/ Ethnic
_____	_____	_____	_____	_____		

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

Child _____	School Name _____	Public/ Nonpublic	Dates of Attendance _____
Child _____	School Name _____	Public/ Nonpublic	Dates of Attendance _____
Child _____	School Name _____	Public/ Nonpublic	Dates of Attendance _____
Child _____	School Name _____	Public/ Nonpublic	Dates of Attendance _____
Child _____	School Name _____	Public/ Nonpublic	Dates of Attendance _____

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