

**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)
		PUBLIC	NONPUBLIC	
		<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)
---------------------------------------	----------------------------