Illinois State Board of Education

100 West Randolph Street, 14-300
Chicago, IL 60601

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

ROE/ISC DEPARTMENT

Directions: 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.

Registration is voluntary and is not a requirement to home school students.

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 MALE	GENDER FEMALE	DATE OF BIRTH
		☐	☐	____-____-____
		☐	☐	____-____-____
		☐	☐	____-____-____
		☐	☐	____-____-____
		☐	☐	____-____-____

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

CHILD	SCHOOL NAME	PUBLIC	NONPUBLIC	DATE OF BIRTH
		(Check only one)		
		☐	☐	____-____-____
		☐	☐	____-____-____
		☐	☐	____-____-____
		☐	☐	____-____-____
		☐	☐	____-____-____

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): _____

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