

**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 School Registration
School Year Beginning in Fall _____ (provide year)

Please complete all areas of this form and return **one** signed copy to your Regional Office of Education and **one** signed copy to the Illinois State Board of Education at the address above. Please print.

PLEASE REMEMBER TO REGISTER EVERY SEPTEMBER. (Registration is voluntary in Illinois.)

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 school and district information on the last public/nonpublic school attended (if applicable):

Child	School Name	District #	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide the name of the curriculum to be used: _____

Education areas being taught (check all that apply):

(Section 26-1.1 of The School Code states that areas of education must be taught in the English language)

- | | | |
|-----------------------|-------------------|-----------------------------------|
| _____ Language Arts | _____ Mathematics | _____ Biological/Physical Science |
| _____ Social Sciences | _____ Fine Arts | _____ Physical Development/Health |

Other (please specify) _____

Signature of Parent/Guardian