

Instructions: Complete and return to the local school system's Home Instruction Coordinator.

State regulation requires that this form must be submitted at least fifteen (15) days prior to starting a home instruction program for administrative purposes.

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

PART A:

Student(s) Name			Gender		Date of Birth	Current Grade
Last	First	Middle	M	F	Month/Year	

Race (Optional):

American Indian or Alaskan Native
 White

Asian
 Hispanic

African American
 Native Hawaiian or other Pacific Islander

Parent/Guardian's Name: _____
Last
First
Middle

Address: _____
City
State
Zip Code

Optional method of contact:

Home Phone: (____) _____ Business Phone: (____) _____

E-Mail: _____ Fax: (____) _____

PART B:

I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01.01—.05 (Home Instruction), attached hereto.

PART C: (A SEPARATE "PART C" MUST BE COMPLETED FOR EACH CHILD)

Student Name: _____

Parents must select either A or B

Parents selecting A: will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to COMAR 13A.10.01.01C, .01D, and .01E. The portfolio will be reviewed by the local school system's personnel at least twice during the year at a mutually agreeable time and place.

A. I hereby AGREE that I will comply with state regulation COMAR 13A.10.01.01C, .01D, and .01E.

Parents selecting B: will provide a home instruction program under the supervision of a school or institution offering an educational program operated by a bona fide church organization according to COMAR 13A.10.01.05A(1), **or** under the supervision of a nonpublic school with a certificate of approval from the State Board of Education according to COMAR 13A.10.01.05A(2). The local school system will verify this information. Please note that the local school system will not conduct portfolio review for parents providing a home instruction program under COMAR 13A.10.01.05A(1) or (2).

B. I hereby CERTIFY that I will provide a home instruction program under the supervision of a nonpublic school with a certificate of approval from the State Board of Education, **or** under the supervision of a school or institution offering an educational program operated by a bona fide church organization under COMAR 13A.10.01.05.

Name of Nonpublic School		

Address: _____		

City/County	State	Zip Code

Participation in standardized testing program

I would like my child to participate in the standardized testing program; or

I would **not** like my child to participate in the standardized testing program.

Signature, Parent/Guardian _____
Date

FOR LEA USE ONLY

Signature of LEA Staff Receiving Form _____
Date

Please return form to:

Name of Local Coordinator: _____ Jennifer Vogel

Local Board of Education Address: _____ 12 Magnolia Street

City, State and Zip Code: _____ Easton, MD 21601