

Confidential

HOME INSTRUCTION NOTIFICATION

Complete and return to: Supervisor of Student Services
Board of Education of Queen Anne's County
202 Chesterfield Avenue
Centreville MD 21617
410-758-2403 X154

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

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

PART A

Student(s) Name			Gender		Date of Birth MM/DD/YY	Current Grade	Optional Current School
Last	First	MI	M	F			

Race: 0 American Indian or Alaskan Native 0 Asian
Optional 0 African American 0 White
0 Native Hawaiian/Pacific Islander 0 Hispanic

Parent/Guardian Name: _____
Last First MI

Address: _____

City State Zip

Optional method of contact:

Home Phone: _____ Other Phone: _____

Email: _____ Fax: _____

PART B:

1. 0 I hereby CERTIFY that I have read and understand the requirements in
COMAR 13.10.01.01-05, Home Instruction Program, attached hereto.

PART C: A SEPARATE PART C MUST BE COMPLETED FOR EACH CHILD.

Student's Name: _____

Optional (If applicable to student above)

- ☐ I hereby CERTIFY that I have read and understand the process involved in seeking high school credits in a Queen Anne's County Public School for my home instructed child.

Parent/Guardian must select either A or B below

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 registered with 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 registered with 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.

Nonpublic School/Umbrella Group/Bona Fide Church OrganizationName: HCHC Leadership AcademyAddress: 9091 Snowden River Pkwy, Ste. #1017City/State/Zip: Columbia, MD 21046**Participation in standardized testing program(please check one):**

- ☐ I would like my child/children to participate in the standardized testing program
- ☐ I would not like my child/children to participate in the standardized testing program.

Signature of Parent/Guardian_____
Date**For LEA/Queen Anne's County Board of Education Use Only**_____
Signature of LEA Staff receiving form_____
DATE