HOME INSTRUCTION NOTIFICATION

School Year _____-

Instructions: All sections must be completed by the parent or legal guardian and returned to the local school system's Home Schooling Coordinator. Please print legibly.

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

PART A

Student Last Name	Student First Name	Student Middle Name	М	F	Date of Birth MM/DD/YYYY	Current Grade	
Ethnicity (optional)	Latino/Hispani	c 🗖 Not Latino/	Hispa	anic			
Race (optional):	African AmericanNative Hawaiian or	American In Pacific Islander	ndian	or Al	_	sian Thite	
Parent/Guardian Na	ıme:						
	Last		First			Middle	
City		State				Zip Code	
Home Phone: (option	nal)	Work	or C	ell P	hone (optional)		
E-Mail: (optional)		Fax: (optional)					
PART B							

- 1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01-05, Home Instruction Program, attached hereto.
- 2. **I wish my child/children to participate in the standardized testing program**. **Yes I** No *(If "Yes," please make arrangements with your public school for testing.)*

Would you like to share your reason for choosing to home school? (optional)

CALVERT COUNTY PUBLIC SCHOOLS CONFIDENTIAL PART C: (A SEPARATE PART "C" MUST BE COMPLETED FOR EACH CHILD)

Student Name: _____

School Student Last Attended: _____

Public School Your Child Would Attend (optional):

PARENTS 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.10.10.01C, .01D and .01E

<u>OR</u>

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				
Signature of Parent/Guardian		Date					
	FOR LEA USE ONLY						
Signature of LEA Staff Receiving Form		Date					

1305 Dares Beach Road Prince Frederick, MD 20678