

Home Instruction Notification

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
 Asian
 African American
 White
 Hispanic
 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:

1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01.01—.05 (Home Instruction), attached hereto.
2.
 - a. I would like my child/children to participate in the standardized testing program; **or**
 - b. I would **not** like my child/children to participate in the standardized testing program.

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.

Or

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 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 be providing 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		
HCHC LEADERSHIP ACADEMY		
Address: 9091 SNOWDEN RIVER PARKWAY, SUITE #1017 COLUMBIA		
_____	_____	_____
HOWARD COUNTY	MD	21046
City/County	State	Zip Code

Signature, Parent/Guardian _____
Date

FOR LEA USE ONLY

Signature of LEA Staff Receiving Form _____
Date

Please return form to:

Name of Local Coordinator: Contact the Pupil Services Department

Local Board of Education Address: 108 Washington Street Cumberland, MD 21502

Contact Number: 301-759-2001 Fax: 301-759-2039