

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

**Ethnicity** (optional)  Latino/Hispanic  Not Latino/Hispanic

**Race** (optional):  African American  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Pacific Islander  White

**Parent/Guardian Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
City State Zip Code

**Home Phone:** (optional) \_\_\_\_\_ **Work or Cell Phone** (optional) \_\_\_\_\_

**E-Mail:** (optional) \_\_\_\_\_ **Fax:** (optional) \_\_\_\_\_

## PART B:

- I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01-05, Home Instruction Program, attached hereto.
- I wish my child/children to participate in the standardized testing program.  Yes  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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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

**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 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

**Please return form to:**  
Debbie Faulkner  
Calvert County Public Schools  
1305 Dares Beach Road  
Prince Frederick, MD 20678