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:

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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

<table>
<thead>
<tr>
<th>Name of Nonpublic School</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

| Address: |
| __________________________ |

<table>
<thead>
<tr>
<th>City/County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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: Dr. Louise Fink or Dr. Patricia Pender

Local Board of Education Address: 2000 Edgewood Street Rm. 53 B

City, State and Zip Code: Baltimore, Maryland 21216

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