

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	Gender	Date of Birth MM/DD/YYYY	Current Grade

Gender: M-Male, F-Female, X – unspecified/non-binary

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

Optional method of contact

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-Mail:** _____

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 ☐ 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 choosing to utilize an online school or program, regardless of accreditation status, will select option A.

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. Online schools and programs fall under this option.

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:**

Calvert County Public Schools
Student Services Department
Attention: Savannah Walsh
1305 Dares Beach Road
Prince Frederick, MD 20678
walshs@calvertnet.k12.md.us
443-550-8460