

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

## PART A:

[illegible]

\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ White

—Asian  
Hispanic

☐ African American  
☐ Native Hawaiian or other  
☐ Pacific Islander

Parent/Guardian's Name: \_\_\_\_\_

Last	First	Middle

Address: \_\_\_\_\_

City	State	Zip Code
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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.

**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.

**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.

<b>Name of Nonpublic School</b>		
Address: _____		
City/County	State	Zip Code

**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. Courtney Pate and Ms. Tabitha Jones

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

City, State and Zip Code: Baltimore, Maryland 21216