

Home Instruction (Home Schooling) Notification Form

This form is to be completed by the parent or legal guardian and sent to the home instruction office prior to starting home instruction.

Mail: Frederick County Public Schools
 ATTN: Home Instruction Office
 33 Thomas Johnson Drive
 Frederick, MD 21702

Phone: 301-644-4000
Fax: 301-644-5246

Email: HomeInstruction@fcps.org

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

PART A: Student/Parent/Guardian Information		Date Home Schooling Will Begin (MM/DD/YYYY): / /		
Student Name (Last, First, Middle Initial)	Date of Birth	Gender	Grade Level	FCPS School Student Would Be Attending
		M F		
		M F		
		M F		
Parent/Guardian: (Last, First, Middle Initial)		Email address		
Mr. / Mrs. / Ms.				
Street Address		City/Zip	Phone	
PART B : COMAR Regulations & Standardized Testing				
<input type="checkbox"/> 1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01.				
<input type="checkbox"/> 2. I want my child/children to participate in the standardized testing program. I will contact my districted school no later than two weeks prior to testing. The test dates are advertised in August on www.fcps.org under Calendar . My child/children will test following the school's testing schedule and in their age appropriate grade level.				
PART C: Program Supervision: Parents/Guardians Must Select 'A' or 'B'				
OPTION A : FCPS Monitoring <input type="checkbox"/> I hereby AGREE that I will comply with COMAR 13A.10.01.01C, .01D and .01E and maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided. The portfolio will be reviewed by the local school system's personnel during the year at a mutually agreeable format, time and place.				
OPTION B: Supervision by a MSDE Registered Non-Public School (Umbrella) MSDE Registered Programs <input type="checkbox"/> Parents will enroll their child/children in a program from the Registered Nonpublic Entities link above. The program you choose from the link above will provide verification of enrollment to FCPS Home Instruction Office. FCPS will not conduct portfolio reviews for parents teaching under this option. <i>Provide Name of Nonpublic Entity you chose from List:</i>				
Parent/Guardian Signature:		Date:	FCPS Home Instruction Office Initials and Date Received:	