



# Home Instruction Notification

**CONFIDENTIAL**

Office of Curriculum and Instructional Programs  
Home Instruction  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form 270-34  
November 2019  
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MCPS Use Only

Student ID# \_\_\_\_\_

Program Type \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment date

\_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal date

**PURPOSE:** This form is used by Montgomery County Public Schools (MCPS) in accordance with the State Board of Education regulation Title 13A, Subtitle 10, Home Instruction, Chapter 01, General Regulations. Those regulations establish procedures to determine if a student participating in a home instruction program is receiving regular, thorough instruction during the school year. See [MCPS Regulation JEG-RA, Home Instruction](#).

**INSTRUCTIONS:** Please complete a form for each child and send to the Office of Curriculum and Instructional Programs, 850 Hungerford Drive, Home Instruction, Room 248, Rockville, Maryland 20850.

**State regulation requires that this form must be submitted at least (15) days prior to starting your home instruction program.**

**PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT/GUARDIAN**

## SECTION I

Student Name (Last, First, MI)	
Complete Address (Street, City/Town, MD, Zip Code)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (unspecified/non-binary)	Date of Birth ____/____/____
Name of parent/guardian living at student address: _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ E-mail address: (optional) _____ Phone #1 ____-____-____ Phone #2 ____-____-____ Phone #3 ____-____-____	Name of parent/guardian living at student address: _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ E-mail address: (optional) _____ Phone #1 ____-____-____ Phone #2 ____-____-____ Phone #3 ____-____-____

## PRIOR SCHOOL EXPERIENCE

Has student previously attended a Montgomery County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes:</b> Last Montgomery County Public School attended _____
Dates of attendance ____/____/____ to ____/____/____ Last Grade _____

## ETHNICITY AND RACE (OPTIONAL)

<p>1. <b>ETHNICITY DESIGNATION.</b> Read the definition below and check the box that indicates this student's heritage.</p> <p>Is this student Hispanic or Latino? (Select one answer.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered <b>Hispanic or Latino</b>.</p> <p>2. <b>RACE DESIGNATION.</b> Read the descriptions below and check the boxes that indicate this student's race. <b>You must select at least one race, regardless of ethnicity designation. More than one response can be selected.</b></p> <p>Indicate this student's race. (Select all that apply.)</p> <p><input type="checkbox"/> <b>American Indian or Alaskan Native:</b> A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.</p> <p><input type="checkbox"/> <b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.</p> <p><input type="checkbox"/> <b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>
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**SECTION II**

1. ☐ I hereby certify that I have read and understand the requirements in COMAR 13A.10.01.01-05, Home Instruction Program.
2. ☐ a. I would like my child to participate in the standardized testing program\*; or  
☐ b. I **do not** want my child to participate in the standardized testing program.

\*Please contact your local MCPS school if you would like your child to participate in standardized testing.

**SECTION III****PARENTS/GUARDIANS MUST SELECT CHOICE A OR B BELOW**

COMAR 13A.10.01, Home Instruction, requires supervision of the home instruction that parents/guardians provide to their children. A home instruction parent/guardian must choose one of the following to supervise the home instruction program.

**Program Choice Type A**

- ☐ MCPS—Parents/Guardians agree that they will comply with state regulations COMAR 13A.10.01.01C, .01D, and .01E, and will maintain a portfolio of materials that demonstrates that regular, thorough instruction is being provided. The portfolio will be reviewed by local school system personnel at least twice during the year at a mutually agreeable time and place.

**OR****Program Choice Type B**

- ☐ Program registered with Maryland State Department of Education to supervise home instruction—Parents/Guardians certify that they will use correspondence courses 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 bonafide church organization under COMAR 13A.10.01.05. MCPS will verify this information.

Name of program registered with the Maryland State Department of Education that will supervise:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**SECTION IV**

A parent/guardian of a student receiving home instruction has the right to request MCPS to evaluate the student's eligibility for special education services, as part of the [Child Find](#) process under the *Individuals with Disabilities Education Act (IDEA)*.

1. Does your child currently have an Individualized Education Program (IEP)\*? ☐ Yes ☐ No  
 If yes, please contact your child's local MCPS school.
2. Would you like your child to be evaluated for special education services? ☐ Yes ☐ No  
 If yes, please contact the MCPS Division of Business, Fiscal, and Information Systems, in the Office of Special Education, at 240-740-3855

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature, Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**Please return form to:**

Office of Curriculum and Instructional Programs, Home Instruction  
 Montgomery County Public Schools  
 850 Hungerford Drive, Room 248  
 Rockville, Maryland 20850  
 For questions or assistance, please call 240-740-4042

**MCPS USE ONLY**

\_\_\_\_\_  
 Student's MCPS ID#

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature, MCPS Staff Receiving Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Verified Program B is registered with MSDE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Date Initials