

# WICOMICO COUNTY PUBLIC SCHOOLS

## Notification of Intent to Home School

*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:

STUDENT NAME			GENDER		DATE OF BIRTH	CURRENT GRADE	PREVIOUS SCHOOL ATTENDED
Last	First	Middle	M	F	Month Year	K-12	Name, County, State (optional)

### 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 13.A.10.01.01-05 (Home Instruction), attached hereto.
- ☐ I would like my child/children to participate in the standardized testing program; **or**  
☐ I would **not** like my child/children to participate in the standardized testing program.

### PART C:

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 .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 13.A.10.10.01C, 01D and .01E.

**OR**

**Parents selecting B (5C):** 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 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 be providing 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.10.10.05.

**Name of Nonpublic School:** \_\_\_\_\_

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

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/County*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

I, \_\_\_\_\_ (parent/ guardian) have completed parts A, B and C of this form; have proven my relationship with child (ren) by presenting identification; am verifying that I understand my rights and responsibilities in homeschooling my child (ren) by signing below.

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

If a current student, we ask to see a copy of parent identification and any custodial agreements. If new to Wicomico County, we ask you to bring a copy of birth certificate to verify child information, proof of residency to confirm residency, parent identification and any current custodial agreements for viewing and confirmation.

\_\_\_\_\_  
FOR LEA USE ONLY: Initial of person viewing the above documentation.

\_\_\_\_\_  
**Signature of LEA Staff Receiving Form**

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

Please return form to: Michael Ann Yiannouris, Program Coordinator Student & Family Services  
WCBOE 2424 Northgate Drive Salisbury, MD 21801 or [hschool@wcboe.org](mailto:hschool@wcboe.org)  
Rev. 6/2019/rev7/2020/2022/2023