

PURPOSE: This form is used by the Montgomery County Public Schools in accordance with the State Board of Education regulation Title 13A, Subtitle 10, Home Instruction, Chapter 01, General Regulations. Those regulations establish procedures to be used by the superintendent to determine if a student participating in a home instruction program is receiving regular, thorough instruction during the school year.

INSTRUCTIONS: Complete and return four (4) copies of this form to the Department of Student Services, 850 Hungerford Drive, Room 200, Rockville, Maryland 20850.

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

PLEASE PRINT: PARENT OR LEGAL GUARDIAN MUST COMPLETE ALL SECTIONS

SECTION I

Student(s) Name			Gender		Date of Birth	Current Grade	Montgomery County Public School
Last	First	Middle	M	F	Month/Day/Year		

Race/Ethnicity (Check one):

- American Indian or Alaskan Native
 Asian
 African American
 White, not Hispanic
 Hispanic
 Native Hawaiian or other Pacific Islander

Parent/Guardian Name _____
Last First Middle

Address _____

City State ZIP Code

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____

SECTION II

- I hereby certify that I have read and understand the requirements in COMAR 13.A.10.01.01-05, Home Instruction Program, attached hereto.
- a. I would like my child/children to participate in the standardized testing program; or
 b. I would **not** like my child/children to participate in the standardized testing program.
- a. I do wish to have my child's/children's directory information released; or
 b. I **do not** wish to have my child's/children's directory information released.

SECTION III (A separate SECTION III must be completed for each child.)

Student Name _____

Parents/Guardians must select either Program Type A or Program Type B

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

Program Type A

A. The student's local school system

Program Type B

B. A Maryland nonpublic school that holds a Certificate of Approval from the Maryland State Board of Education and is registered to supervise, including a church-exempt school or an educational ministry of a church

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

Address _____

City _____ *State* _____ *ZIP Code* _____

Signature, Parent/Guardian _____ /_____/_____
Date

SCHOOL SYSTEM USE ONLY

Signature of School System Staff Receiving Form _____ /_____/_____
Date

Please return form to:

Name of Local Coordinator _____

Local Board of Education Address _____

City _____ *State* _____ *ZIP Code* _____