

MARYLAND STATE HOME SCHOOL NOTIFICATION

PART A (Print)

Student(s) Last Name First Middle Sex Date of Birth Grade

Race (OPTIONAL): American Indian/Alaskan Native White Asian Hispanic African American Native Hawaiian or other Pacific Islander

Parent / Guardian Name: Last First

Street: City:

State: Zip: County:

Optional method of contact:

Home Phone: Business:

Email: Fax:

PART B

- 1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01.01-05, Home Instruction Program, attached hereto.
2. a. I would like my child/children to participate in the standardized testing program.
b. I do not want my child/children to participate in the standardized testing program.

PART C Parents must select either A or B

CHOICE A: I hereby AGREE that I will comply with state regulations COMAR 13A.10.10.01C, .01D and .01E (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.)

CHOICE B: I hereby CERTIFY that I will be using 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 bona fide church organization under COMA 13A.10.10.05 (The school system will verify this information)

Name of Nonpublic School:

Street: City: State: Zip

Parent / Guardian Signature Date

Return this form to your local Board of Education.

FOR LEA USE ONLY

Signature of LEA Staff Receiving Form Title Date