**ST. MARY’S COUNTY PUBLIC SCHOOLS**  
*Department of Student Services*  

**HOME INSTRUCTION NOTIFICATION**

Instructions: Complete and return to the local school system's Home Instruction Coordinator.

State regulation requires that this form must be submitted at least fifteen (15) days prior to starting home instruction for administrative purposes. **Note: If student has ever attended any SMCPS school, please include their student ID number.**

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT(S)/LEGAL GUARDIAN(S)

**PART A:**

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Grade For SY</th>
<th>SMCPS Assigned School</th>
<th>Student ID # (SMCPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent(s)/Legal Guardian(s) Name:  

Last  
First  
Middle

911 Address:  

City  
State  
Zip Code

Mailing Address (if different):  

City  
State  
Zip Code

Optional method of contact:  

Home Phone: ( )  
Business Phone: ( )

Email:  
Cell Phone: ( )

Race (Optional):  

Hispanic: ____ Yes  ____ No  
American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

Notice: Children receiving home instruction forfeit all services provided by SMCPS, including individuals with Disabilities Education Act (IDEA) services for students with special needs: however, Child Find Services are available to all residents in St. Mary’s County, per the Memorandum of Understanding. This Memorandum of Understanding is reviewed annually.

**PART B:**

1. ☐ I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01-.05, Home Instruction program, attached hereto.

2. a. ☐ I would like my child/children to participate in the standardized testing program; (arrangements are made through the school); or

   b. ☐ I would **not** like my child/children to participate in the standardized testing program.

PS 800 – 03/2021 - Home Instruction Notification - page 1 of 2 pages
**PART C: (A SEPARATE “PART C” MUST BE COMPLETED FOR EACH CHILD)**

Student Name: ____________________________

Parent(s)/legal guardian(s) must select either A or B

**Parent(s)/legal guardian(s) selecting A:** will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to COMAR 13A.10.01.01C, .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 13A.10.01.01.C, .01D and .01E

**or - Parent(s)/legal guardian(s) selecting B:** 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 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 parent(s)/legal guardian(s) 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 education program operated by a bona fide church organization under COMAR 13A.10.01.05.

<table>
<thead>
<tr>
<th>Name of Nonpublic School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>____________</td>
</tr>
<tr>
<td>City/County</td>
</tr>
</tbody>
</table>

☐ Signature, Parent(s)/Legal Guardian(s)   Date

FOR LEA USE ONLY

☐ Signature of LEA Staff Receiving Form   Date

Please return form to: Name of Local Coordinator: Kate Weaver  
Email: keweaver@smcps.org  
Phone: 301-475-5511 X 32150  
Fax: 301-475-2469  

Supervisor of Student Services  
St. Mary’s County Public Schools’ Board office  
23160 Moakley Street, Suite 104  
Leonardtown, Maryland 20650