CONFIDENTIAL

## 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. D I hereby AGREE that I will comply with state regulation COMAR 13A.10.01.01.C, .01D and .01E

<u>or</u> - *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.

	Name of Nonpublic Schoo	bl
Address:		
City/County	State	Zip Code
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:	Director of Student Services	
Local Board of Education Address:	ATTN: Home Instruction	
Fax: 301-475-2469	St. Mary's County Public Schools 23160 Moakley Street, Suite 104	
	Leonardtown, Maryland 20650	