

ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

CONFIDENTIAL

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:

Student(s) Name			Gender		Date of Birth		Grade For SY _____	SMCPs Assigned School	Student ID # (SMCPs)
Last	First	Middle	M	F	Month	Year			

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.

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.

Name of Nonpublic School		
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