

Home Instruction (Home Schooling) Notification Form

Department of Student Services Home Instruction Office 33 Thomas Johnson Drive Frederick MD 21702

PHONE: 301-644-4000 FAX: 301-644-5246 EMAIL: homeinstruction@fcps.org

Form #064-F02E February 2023

Frederick County Public Schools 191 South East Street Frederick, Maryland 21701

This form must be completed by the parent or legal guardian and sent to the Home Instruction Office prior to starting home instruction.

| PART A: Student/Parent/Guardian Information | Date Home Schooling Will Begin (MM/DD/YYYY): / / | | | | | | |
|---|--|----------------------------|-----------------|----------|---|--------|--|
| Student Name (Last, First, Middle Initial) | Date of Birth | Gender | Grade Level | | FCPS School Student Would Be Attending | | |
| | | M F | | | | | |
| | | M F | | | | | |
| | | M F | | | | | |
| Parent/Guardian: (Last, First, Middle Initial) | | | Email address | | | | |
| Mr. / Mrs. / Ms. | | | | | | | |
| Street Address City/Zip | | | | | Phone | | |
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| PART B: COMAR Regulations & Standardized Testing | | | | | | | |
| 1. I hereby CERTIFY that I have read and understand the requirements in <u>COMAR Regulation</u> . | | | | | | | |
| 2. I want my child/children to participate in the standardized testing program. I will contact my districted school no later than two weeks prior to testing. The test dates are advertised in August on www.fcps.org under Calendar . My child/children will test following the school's testing schedule and in their age appropriate grade level. | | | | | | | |
| PART C: Program Supervision: Parents/Guardians Must Select Either 'A' or 'B' | | | | | | | |
| OPTION A: FCPS Monitoring I hereby AGREE that I will comply with COMAR 13A.10.01.01C, .01D and .01E and maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided. The portfolio will be reviewed by the local school system's personnel during the year at a mutually agreeable format, time and place. | | | | | | | |
| OPTION B: Supervision by a MSDE Regi Parents will enroll their child/children in a p you choose from the link above will provide conduct portfolio reviews for parents teach | rogram from the Reg verification of enrollr | istered Non nent to FCP | public Entities | link abo | ve. The pr | rogram | |
| Provide Name of Nonpublic Entity you chose from link/list above: | | | | | | | |
| Parent/Guardian Signature: | | Date: | | | | | |
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