

First Name	Last Name	Gender M - F	Birth Date
Race (optional) Asian – Black – Hispanic – Native Am. – White		Designate county school	
Has an Individual Educational I Plan – IEP? Yes – No	Current grade	Receiving IEP services on school site?	Yes – No

First Name	Last Name	Gender M - F	Birth Date
Race (optional) Asian – Black – Hispanic – Native Am. – White		Designate county school	
Has an Individual Educational I Plan – IEP? Yes – No	Current grade	Receiving IEP services on school site?	Yes – No

PART III Assurance Statement

- I hereby CERTIFY that I have read and understand the requirements in COMAR 13A.10.01.01-05, Home Instruction Program, (included in packet) and agree to fulfill those requirements.

PART IV Parents must select either option A or option B

Parents selecting A will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to regulation 13A.10.01 C, D, and E. The portfolio will be reviewed by the local school system's personnel at the conclusion of each semester at a mutually agreeable time and place.

- I select option A and hereby AGREE that I will comply with regulation 13A.10.01 C, D, and E.

Parents selecting B will use correspondence courses under the supervision of a nonpublic school or institution as provided under regulation 13A.10.05. The local school system's personnel will verify that the supervising institution is duly registered with the Maryland State Department of Education to supervise home instruction. Please provide proof of your family's registration with the institution. Please note that parents teaching under .05A or .05B will not have a review of their program by a local school system.

- I select option B and hereby CERTIFY that I will be using correspondence courses under the supervision of a nonpublic school or institution as provided under regulation 13A.10.05. I have selected the following nonpublic school (please attach proof of registration).

Nonpublic School _____

Address _____
Street

_____ City State Zip Code

PART V Signature

Signature of Parent/Guardian Date

Please return completed form to: Maura Hudson, Home Instruction Assistant
The Howard County Public School System
10920 Route 108
Ellicott City, MD 21042
(410) 313-6792

REVISED 7/1/2003