



Home Instruction Notification

CONFIDENTIAL

Office of Curriculum and Instructional Programs
Home Instruction
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 270-34
November 2019
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MCPS Use Only

Student ID# _____

Program Type _____

____/____/____ Enrollment date

____/____/____ Withdrawal date

PURPOSE: This form is used by Montgomery County Public Schools (MCPS) in accordance with the State Board of Education regulation Title 13A, Subtitle 10, Home Instruction, Chapter 01, General Regulations. Those regulations establish procedures to determine if a student participating in a home instruction program is receiving regular, thorough instruction during the school year. See [MCPS Regulation JEG-RA, Home Instruction](#).

INSTRUCTIONS: Please complete a form for each child and send to the Office of Curriculum and Instructional Programs, 850 Hungerford Drive, Home Instruction, Room 248, Rockville, Maryland 20850.

State regulation requires that this form must be submitted at least (15) days prior to starting your home instruction program.

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT/GUARDIAN

SECTION I

Student Name (Last, First, MI)	
Complete Address (Street, City/Town, MD, Zip Code)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (unspecified/non-binary)	Date of Birth ____/____/____
Name of parent/guardian living at student address: _____	Name of parent/guardian living at student address: _____
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
E-mail address: (optional) _____	E-mail address: (optional) _____
Phone #1 ____-____-____ Phone #2 ____-____-____	Phone #1 ____-____-____ Phone #2 ____-____-____
Phone #3 ____-____-____	Phone #3 ____-____-____

PRIOR SCHOOL EXPERIENCE

Has student previously attended a Montgomery County Public School? Yes No

If Yes: Last Montgomery County Public School attended _____

Dates of attendance ____/____/____ to ____/____/____ Last Grade ____

ETHNICITY AND RACE (OPTIONAL)

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.) Yes No

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

2. **RACE DESIGNATION.** Read the descriptions below and check the boxes that indicate this student's race. **You must select at least one race, regardless of ethnicity designation. More than one response can be selected.**

Indicate this student's race. (Select all that apply.)

American Indian or Alaskan Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SECTION II

- 1. I hereby certify that I have read and understand the requirements in COMAR 13A.10.01.01-05, Home Instruction Program.
- 2. a. I would like my child to participate in the standardized testing program*; or
 b. I **do not** want my child to participate in the standardized testing program.

*Please contact your local MCPS school if you would like your child to participate in standardized testing.

SECTION III

PARENTS/GUARDIANS MUST SELECT CHOICE A OR B BELOW

COMAR 13A.10.01, Home Instruction, requires supervision of the home instruction that parents/guardians provide to their children. A home instruction parent/guardian must choose one of the following to supervise the home instruction program.

Program Choice Type A

- MCPS—Parents/Guardians agree that they will comply with state regulations COMAR 13A.10.01.01C, .01D, and .01E, and will maintain a portfolio of materials that demonstrates that regular, thorough instruction is being provided. The portfolio will be reviewed by local school system personnel at least twice during the year at a mutually agreeable time and place.

OR

Program Choice Type B

- Program registered with Maryland State Department of Education to supervise home instruction—Parents/Guardians certify that they will use correspondence courses 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 educational program operated by a bonafide church organization under COMAR 13A.10.01.05. MCPS will verify this information.

Name of program registered with the Maryland State Department of Education that will supervise: _____

Address _____

City _____ State _____ ZIP Code _____

SECTION IV

A parent/guardian of a student receiving home instruction has the right to request MCPS to evaluate the student's eligibility for special education services, as part of the [Child Find](#) process under the *Individuals with Disabilities Education Act (IDEA)*.

- 1. Does your child currently have an Individualized Education Program (IEP)*? Yes No
If yes, please contact your child's local MCPS school.
- 2. Would you like your child to be evaluated for special education services? Yes No
If yes, please contact the MCPS Division of Business, Fiscal, and Information Systems, in the Office of Special Education, at 240-740-3855

_____/_____/_____
Signature, Parent/Guardian *Date*

Please return form to:

Office of Curriculum and Instructional Programs, Home Instruction
Montgomery County Public Schools
850 Hungerford Drive, Room 248
Rockville, Maryland 20850
For questions or assistance, please call 240-740-4042

MCPS USE ONLY

_____/_____/_____
Student's MCPS ID# *Signature, MCPS Staff Receiving Form* *Date*

Verified Program B is registered with MSDE _____
Date *Initials*