



**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. I understand that it is my responsibility to contact the public school in my home district to make an appointment no later than two weeks prior to testing. I also understand that test dates are advertised in August on [www.fcps.org](http://www.fcps.org) under "Calendar," and that my child/children must test in the school building following the school's regular testing schedule.
- b.  I would **not** like my child/children to participate in the standardized testing program.

**PART C**

**Parents must select either A or B**

*Parents selecting A:* will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to .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.10.10.01.C, .01D and .01E

**or** – *Parents selecting B:* will use correspondence courses under the supervision of a school or institution offering an educational program operated by a bona fide church organization that provides for .05A(1), .05A(2), .05A(3) and .05A(4), or under the supervision of a nonpublic school with a certificate of approval from the State Board of Education that provides for .05B(1) and .05B(2). The local school system will verify this information. Please note that the school system will not conduct portfolio review for parents teaching under .05A or .05B.

- B.  I hereby CERTIFY that I will be using 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 education program operated by a bona fide church organization under COMAR 13A.10.10.05.

<b>Name of Nonpublic School</b>		
_____		
Address: _____		
_____		
City/County	State	Zip Code

\_\_\_\_\_

Signature, Parent/GuardianDate

**FOR LEA USE ONLY**

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Signature of LEA Staff Receiving FormDate

