



**PART C: (A SEPARATE "PART C" MUST BE COMPLETED FOR EACH CHILD)**

Student Name: \_\_\_\_\_

**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/Guardian	Date

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FOR LEA USE ONLY

_____	_____
Signature of LEA Staff Receiving Form	Date

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**Please return form to:**

Name of Local Coordinator: \_\_\_\_\_

Local Board of Education Address: **204 Franklin Street**

City, State and Zip Code: **Denton, Maryland 21629**