

# Cecil County Public Schools- Home Instruction

## HOME INSTRUCTION ANNUAL VERIFICATION School Year 2023-2024

### PORTFOLIO REVIEWS ARE DUE IN JANUARY AND MAY/JUNE

#### CONFIDENTIAL

This form is to be completed only for those families who participated in a home instruction program for the previous academic year.

1. Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

2. Please complete the following information for each child who will continue to be home instructed for the coming school year.

Legal Last Name	First Name	Male	Female	D.O.B. (month/year)	Grade Entering 2023-2024

3. Will you continue with home instruction for those students listed above for the 2023-2024 academic year? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Are you registered with an umbrella program? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, name the umbrella program. \_\_\_\_\_

5. If you are continuing to home instruct, do you want your child/children to participate in the standardized testing program? \_\_\_\_\_ yes \_\_\_\_\_ no

6. If you are not planning to continue to home instruct your child/children, what educational plans have you made? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Office of Home Instruction

201 Booth Street, Elkton, Maryland 21921

[homeinstruction@ccps.org](mailto:homeinstruction@ccps.org)

fax: 410-996-5454

#### FOR OFFICE USE ONLY

\_\_\_\_\_  
Signature of Staff Receiving Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date