



SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA
NOTICE OF INTENT TO ESTABLISH & MAINTAIN A HOME EDUCATION PROGRAM

SECTION ONE: Information Required to Establish a Home Education Program

Student Legal Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Parent/Guardian Name(s): _____

Residential Address: _____
(Street & Apt/Unit, no PO Box) (City, State, Zip)

Name of Last School/Program: _____ Withdraw Date: _____

Parent/Guardian Email Address: _____

Parent/Guardian Home Phone Number: _____ Parent/Guardian Cell Phone Number(s): _____

SECTION TWO

NOTICE TO PARENT/GUARDIAN:

It is my intent to establish and maintain a home education program for the above-name student. As the parent/guardian, I have read and will comply with the information in and related to Florida Statutes s. 1002.41 as acknowledged below:

Please acknowledge understanding of the statutes below by initialing each line.

_____ I understand that Home Education students do not receive a public high school diploma. A home education program is not a school district program and is registered with the district school superintendent only for the purpose of complying with the state's attendance requirements under s. 1003.21, Florida Statutes.

_____ I understand that I am to keep and maintain a portfolio of records of all educational activities used by the student.

_____ I understand that an Annual Evaluation is due yearly on or before the student's date of enrollment into Home Education as specified in 1002.41, Florida Statutes. Failure to provide an Annual Evaluation yearly places the home education program in non-compliance and the program will be terminated.

_____ I understand that the Home Education Office does not issue books, curriculum, materials, laptops or provide a high school diploma to home education students.

_____ I understand that a student with a pattern of public school non-attendance will be subject to monthly portfolio reviews.

_____ I am establishing my Home Education Program on _____
Date (Month/Day/Year)

In accordance with 1002.41, Florida Statutes, it is my intent to establish and maintain a Home Education Program for the above student.

Parent/Guardian Signature: _____ Today's Date: _____

Submit this form by mail, fax, or scan & email

Contact Home Education: Web: www.scps.k12.fl.us/homeeducation Email: homeschool@scps.us
Telephone: 407-746-6760 Address: 400 East Lake Mary Blvd. Sanford, FL 32773 Fax: 407-320-0248