

PINELLAS COUNTY SCHOOLS
NOTICE OF INTENT TO ESTABLISH A HOME EDUCATION PROGRAM

In compliance with Florida Statute, this serves as the written notice of intent to home educate. I have read and understand the packet of information which was provided by the Pinellas County School Board. Please fill out the following:

PARENT/GUARDIAN NAME (Please Print) _____

ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____ CELL _____

Information on sex is being requested by the Florida Department of Education for statistical use only.

STUDENT(S) FULL NAME	BIRTHDATE	MALE/ FEMALE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this child or another family member ever been enrolled in Home Education _____

If yes, please list _____

If you are withdrawing from a public school, please list school:

Until a student graduates or is 18 years old he/she must be registered either in a public, private or home education program in order to obtain or retain a driver license.

SIGNATURE OF PARENT/GUARDIAN

DATE

Home School program to begin on: _____

Will you be enrolling with FLVS: _____

If you have any questions, please call our office at (727) 588-6209

Send to: **Pinellas County Schools**
ATTN: Home Education
P.O. Box 2942
Largo, FL 33779-2942
Fax 588-6202