

# HOME EDUCATION ENROLLMENT FORM

**I intend to begin the Home Education Program for my Child(ren).**

Full Name of Child(ren)	Date of Birth	Grade	Last School Attended

NAME OF PARENT(S) \_\_\_\_\_

SIGNATURE OF PARENTS(S) \_\_\_\_\_

MAILING & STREET ADDRESS OF PARENTS(S) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

Please mail this form to:  
 Student Services Department  
 Polk County School Board  
 Attn: Home Education  
 P.O. Box 391  
 Bartow, FL 33831

	Date
Received _____	
School Notified _____	
Parent(s) Notified _____	
Data Base _____	
Folder Made _____	
School Board Use Only	