



SEMINOLE COUNTY  
PUBLIC SCHOOLS

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Tech Park

Home School  
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# SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

## ENTRY FORM FOR HOME EDUCATION PROGRAM

In accordance with Florida Statutes 1002.01, it is (my)/(our) intent to establish and maintain a Home Education Program.

**NAME OF STUDENT:** \_\_\_\_\_  
Last First Middle

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**STUDENT'S S.S. #:** \_\_\_\_\_ **GENDER:**  M  F

**ETHNIC CATEGORY:** (Mandatory)  Hispanic/Latino Origin  Non-Hispanic Origin

**RACIAL CATEGORY:** (Mandated by the No Child Left Behind Act – Please check all that apply)

White  Black  Native Hawaiian or Other Pacific Islander  
 American Indian or Alaskan Native  Asian

**TELEPHONE #:** Home: \_\_\_\_\_ Other: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Apt.

City State Zip Code

**SCHOOL WITHDRAWN FROM:** \_\_\_\_\_  
Name

Street City State Zip Code

**\*BEGINNING HOME EDUCATION DATE:** \_\_\_\_\_

**\*All home school students are required to submit an Annual Evaluation.**

Example: If your "Beginning Home Education Date" is August 1<sup>st</sup>, an evaluation will be due into our office every year by August 1<sup>st</sup>. Failure to submit the annual evaluation will result in the withdrawal of your child from the Home School Program. If you choose to withdraw your child from the Home School Program, you must notify us in writing.

**PLEASE PRINT NAME AND ADDRESS OF PARENT/GUARDIAN:**

Parent's Name Address

**SIGNATURE**

**DATE**

More information about Home School:

[www.scps.k12.fl.us/esss/index.cfm](http://www.scps.k12.fl.us/esss/index.cfm)  
[www.floridaschoolchoice.org](http://www.floridaschoolchoice.org)  
[www.fpea.com](http://www.fpea.com)  
[www.flhef.org](http://www.flhef.org)

Home School  
Hot Line  
407-320-0090  
Fax: 407-320-9384

Visit our Web Site  
[www.scps.k12.fl.us](http://www.scps.k12.fl.us)

