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:

* Submission of this form acknowledges registration in home education. Home education is a non-accredited program. **The School District/State does not issue diplomas to students registered with home education, this includes students using FLVS while enrolled in home education.**

PARENT/GUARDIAN NAME (Please Print) _____

ADDRESS _____

MAILING ADDRESS (if different from above) _____

CITY _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

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 588-5171

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