

PINELLAS COUNTY SCHOOLS  
**HOME EDUCATION UPDATE/CHANGE FORM**

Please indicate any changes to enable us to update your records:

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Change in address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Adding new student to Home Education Program:

Name	Birthdate	Gr.	Sex	Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_ Withdrawing student from Home Education Program and Reason:

Name	Public/Private School	Moved	Dropped (Age 16)	Graduated or GED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Send to: Pinellas County Schools  
Attn: Home Education Dept.  
P. O. Box 2942  
Largo, FL 33779-2942  
Fax (727) 588-5171**