

## ST JOHNS COUNTY SCHOOL DISTRICT, FLORIDA NOTICE OF INTENT TO ESTABLISH & MAINTAIN A HOME EDUCATION PROGRAM

## Section One: Information Required to Establish a Home Education Program (F.S. 1002.41)

Student Legal Name:				Date of Birth:	
<b>.</b>	(Last)	(First)	(Middle)		
Parent/Guardian Name	e(s):				
Residential Address:					
	(Street & Apt/Unit,	no PO Box)	(City, Sta	(City, State, Zip)	
	<u>Sectio</u>	on Two: Optional Informa	tion Requested by SJCS	<u>SD</u>	
Name of Last School/P	rogram:		Withdraw Da	te:	
Parent/Guardian Email	l Address:				
Parent/Guardian Prima	ary Phone Numb	ber:			
Parent/Guardian Othe	r Phone Numbe	r(s):			
$\square$ Check here if you a	re requesting ve	erification of your studen	c's Home Education pro	gram status with SJVS or FLVS.	
		Section Three: Inte	nt Statement		
		NOTICE TO PARENT	/GUARDIAN:		
the month and day of the program (2) A Home Education program (3) If the Home Education program written notice of termination a 4) Home education students who students (e.g. proof of residences) It is the responsibility of the telephone number changes.  In accordance with secondary and the secondary of the above	ram establishment. Fa established for a stude by section. 1003.26(f) ram ends because the and the required annua ho access any SJCSD so cy, Immunization Form parent/guardian to su estion 1002.41, Fl e student. In add	ailure to submit an annual education who has been previously identif(1), Florida Statutes.  student enrolls in a public school of all evaluation shall be filed with the stervice (e.g. classes, activities or tesm 680, etc.). Students who wish to bubmit annual educational evaluation	onal evaluation will result in ter ified as exhibiting a pattern of no or meets compulsory attendance. Home Education Office within 3 ting) will be required to meet th access classes or activities must ns and notify the Home Education.	e same entry requirements as public school register at their zoned school. on Office of residential address, email, and aintain a Home Education also understand that the St. Johns	
•			-	's Date:	
_		-see note 1 above:	-	s Date.	
HOITIE EUUCALIOTI FTOGI	diii <u>Stait Date</u>	-see note 1 above.			
	Please sub	omit this form by mail, fa	x, scan & email or in p	person:	
Telephone: 904-547-75	579 <b>Guida</b> r	Guidance and Choice 40 Orange St, Yates Bldg, St. Augustine, FL 32084			
Fax: 904-547-7695	Email:	Leslie.Johnson@stjohns.k12	2.fl.us www.stjohns.k12	.fl.us/homeeducation	
		For Home Education	Office Use Only		

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