

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:			Date of Birth:
=	(Last)	(First)	(Middle)	
Parent/Guardian Name(s):			
Residential Address:				
	(Street & Apt/Unit	r, no PO Box)	(Ci	ity, State, Zip)
	Section	on Two: Optional Informa	ation Requested by	SJCSD
Name of Last School/Pro		Withdraw	/ Date:	
Parent/Guardian Email /	Address:			
Parent/Guardian Primar	y Phone Num	ber:		
Parent/Guardian Other	Phone Numbe	er(s):		
\Box Check here if you are	e requesting v	verification of your studen	nt's Home Education	program status with SJVS or FLVS.
		Section Three Inte	out Statomout	
		Section Three: Inte		_
the month and day of the progra 2) A Home Education program es Review Committee as required b 3) If the Home Education prograr written notice of termination and 4) Home education students who students (e.g. proof of residency, 5) It is the responsibility of the pa telephone number changes.	m establishment. F tablished for a study y section. 1003.26(n ends because the l the required annu- access any SJCSD Immunization Ford rent/guardian to s	Failure to submit an annual educat dent who has been previously ident (f)(1), Florida Statutes. e student enrolls in a public school ual evaluation shall be filed with the service (e.g. classes, activities or tem 680, etc.). Students who wish to submit annual educational evaluation	ctional evaluation will result tified as exhibiting a pattern or meets compulsory atten- e Home Education Office wi sting) will be required to mo access classes or activities ons and notify the Home Ed	al educational evaluation will be due each year on in termination of the home education program. In of nonattendance will be monitored by a Portfolio dance requirements through a different option, a lithin 30 days after said termination. eet the same entry requirements as public school must register at their zoned school. lucation Office of residential address, email, and
Program for the above s	tudent. In ad	ldition to the information	in the notice section	d maintain a Home Education n, I also understand that the St. Johns home education students.
Parent/Guardian Signati	ıre:		To	oday's Date:
Home Education Progra	m <u>Start Date</u> -	-see note 1 above:		
	Please sul	bmit this form by mail, fa	ax. scan & email or	in person:
Telephone: 904-547-757		nce and Choice 40 Orange S	· · · · · · · · · · · · · · · · · · ·	•
Fax: 904-547-7683		: Leslie.Johnson@stjohns.k1		s.k12.fl.us/homeeducation
		For Home Education	Office Use Only	