

## HOME EDUCATION

In compliance with Section 1002.41 (a), Florida Statute, this serves as the written notice of intent to establish and maintain a home education program for my child(ren). Please provide the following information required by law and/or necessary to maintain your records. Information on sex and race is being requested by the Florida Department of Education for statistical use only.

CHILD'S NAME (Please Print)	BIRTHDATE	GRADE	RACE/ GENDER	LAST SCHOOL ATTENDED	SSN (Optional)

Parent/Guardian Name: (Please Print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number, Street, or P.O. Box City/State Zip Code

Street Address: \_\_\_\_\_  
(If Different) Number, Street, or P.O. Box City/State Zip Code

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Optional)

**I have read and fully understand the provision of Sections 1002.41, Florida Statutes and Lake County School District policies pertaining to compliance and enforcement of Home Education. The information contained herein is accurate and true to the best of my knowledge and belief.**

**I understand that neither Lake County Schools Home Education nor Florida Virtual School award high school diplomas.** \_\_\_\_\_  
*Please initial here*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date your program will begin

Send to: **Jan Tobias**

**Additional Comments (if needed)** \_\_\_\_\_

**Student Services**

**512 S. Palm Avenue**

**Howey-in-the Hills, FL 34737**

**PHONE#: (352) 742-6920**

**FAX#: (352) 742-6921**