

DISTRICT SCHOOL BOARD OF PASCO COUNTY LETTER OF INTENT TO HOME EDUCATE
This form must be submitted within thirty (30) days of starting a Home Education Program

* - Required Information

(Please print all information clearly)

*Parent/Guardian _____ Home Phone (____) _____ Work Phone (____) _____

*Residence Address _____ Cell Phone (____) _____

Street _____

City/State Zip _____ Email address: _____

Families who provide a valid email address may receive advance notice of evaluation due date.

<p>Please check the appropriate box(es)</p> <p><input type="checkbox"/> <i>I am opening a Home Education Program for the first time in Pasco County</i></p> <p><input type="checkbox"/> <i>I am re-opening a Home Education Program, which previously existed in Pasco County</i></p> <p><input type="checkbox"/> <i>I am adding a child(ren) to my existing Home Education Program in Pasco County</i></p> <p>Start Date of Program _____</p>	
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*Students Full Legal Name	Pasco ID # <i>(if known)</i>	*Date of Birth	Most Recent School Attended
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<p>Plan to take virtual class(es) FLVS</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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(PLEASE no initials)

I, _____, understand that according to Florida State Law, establishing a home education program requires the parent/guardian to assume full responsibility for instruction their child(ren), providing any and all educational materials, and facilitating educational activities. In addition, Florida State Law requires the parent/guardian to maintain a portfolio of the child's (children's) work for at least two (2) years and to provide the District School Board of Pasco County with a copy of an annual evaluation for each year the child(ren) is in a Home Education Program.

*Parent/Guardian Signature

Date

Please Return This Form To:

**The District School Board
of Pasco County**
 7227 Land O'Lakes Blvd.
 Land O'Lakes, FL 34638
 Attn: Student Services/Home Ed
 or FAX: 813-794-2120

