

PINELLAS COUNTY SCHOOLS  
NOTICE OF INTENT TO ESTABLISH A HOME EDUCATION

---

IN COMPLIANCE WITH FLORIDA STATUTE, THIS SERVES AS THE WRITTEN NOTIFICATION TO ESTABLISH A HOME EDUCATION PROGRAM ON \_\_\_\_/\_\_\_\_/\_\_\_\_.

---

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name:

Address:

City

Zip Code

Home Phone\*

Cell Phone\*

E-mail Address\*

Student (s) Full Legal Name(s)

Birthdate

---

It is my intent to establish and maintain a home education program for the above-named student(s). As the parent/guardian, I have read and will comply with information in and related to Florida Statute 1002.41 as acknowledged below.

**Please acknowledge understanding of the statutes below by initialing the line.**

\_\_\_\_\_ I understand that Home Education students do not receive a public high school diploma. A home education program is not a school district program and is registered with the district school superintendent only for the purpose of complying with the state's attendance requirements under s. 1003.21.

\_\_\_\_\_ I understand that I am to keep and maintain a portfolio of records consisting of: a log of educational activities that is made contemporaneously with the instruction and that designates by title any reading materials used and samples of any writings, worksheets, workbooks, or creative materials used or developed by the student.

\_\_\_\_\_ I understand I am required to provide an annual evaluation to the office of Home Education upon the anniversary of establishing this Home Education program (one year from start date).

\_\_\_\_\_ I understand should I terminate my Home Education program I will provide written notification of termination and a final evaluation to the office of Home Education within 30 days of my termination date.

\_\_\_\_\_ I understand that choosing a virtual school curriculum (such as FLVS or PVS) does not negate any of these requirements.

I would like my acceptance letter mailed \_\_\_\_\_

I would like my acceptance letter e-mailed \_\_\_\_\_  
*(please provide your e-mail address)*

---

**Parent/Guardian Signature**

**Date:**

*(ACTUAL SIGNATURE AND INITIALS REQUIRED, TYPED OR ELECTRONIC SIGNATURES/INITIALS WILL NOT BE ACCEPTED)*

---

If you have any questions, please call our office at 727-588-6209

Send to: Pinellas County Schools Home Education Department  
P.O. Box 2942  
Largo, Fl. 33779-2942

E-mail: [CSHE@pcsb.org](mailto:CSHE@pcsb.org)

\* Items marked with an asterisk are optional