PINELLAS COUNTY SCHOOLS

NOTICE OF INTENT TO ESTABLISH A HOME EDUCATION PROGRAM

In compliance with Florida Statute, this serves as the written notice of intent to establish a home education program on _____ /_____ / _____.
mm dd year

PARENT/GUARDIAN NAME (Please Print) _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE (optional) _____ CELL (optional) _____

E-MAIL ADDRESS (optional) _____

STUDENT(S) FULL LEGAL NAME(S)	BIRTHDATE

If you are withdrawing from a public school, please list school (optional):

_____

Until a student graduates or is 18 years old he/she must be registered either in a public, private or home education program in order to obtain or retain a driver license.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

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

Send to: **Pinellas County Schools**
ATTN: Home Education
P.O. Box 2942
Largo, FL 33779-2942

FAX (727)588-5038