

Hernando County School District

Notice of Intent



to Establish and Maintain a Home Education Program

This is to inform you that effective date _____, a home education program meeting the requirements of F.S. 1002.41 has been/will be established for my child listed below.
(This cannot be back dated)

Name (First Last)	Date of Birth	Sex	Race	Grade you will teach

High School Students must complete Home education checklist

Please complete another form for additional students

HOW WILL YOU ADMINSTER YOUR STUDENTS'S EDUCATION?

- Enrollment with Hernando eSchool
- Flex program with FLVS (non Hernando County School District Organization) Parent must verify enrollment
- Other curriculum

Street: _____

City: _____, FL Zip: _____

*Contact Phone Number(s): _____

*Email address: _____

Parent/Guardian Name Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

My signature indicates I am aware that, pursuant to F.S. 1002.41, it is my responsibility to provide an annual educational evaluation to this office ON or BEFORE the anniversary date of the establishment of Home Education. I understand the Hernando County School District will not send a reminder.

*Only student's name, address, date of birth, and parent signature are required by law. The additional information you may provide is optional, but helpful to the Hernando County School District.

**** The effective date on this form will be the official start date for your student's home education program and the due date of the annual evaluation. If a portfolio is requested pursuant to F.S. 1002.41, this would be due approximately 30 days from the official start date.**

Return form to:
 The School District of Hernando County,
 Florida
School Choice
 Brooksville, FL 34601
 Phone: (352) 797-7000
 Fax: (352) 797-7151
 Email: homeeducation@hcsb.k12.fl.us
 Please retain a copy of your records and make note of the evaluation due date.
 (1 year from your effective date)

DISTRICT USE ONLY

Supervisor of School Choice: _____

Date: _____ Student Number: _____

Data Entry
 School Notification
 Sibling Tracking
 W24

If leaving HCSD: exiting school: _____ Zoned for: _____

Portfolio requested: No Yes: Due Date: _____

Affix Received stamp here