



The School District of Osceola County, Florida
HOME EDUCATION NOTICE OF INTENT
Please Print All Information
Incomplete applications will not be processed.



Year: _____

Student Achievement
Our Number One Priority

In compliance with section 1002.41 (1)(a), Florida Statutes, this is written notice from the parent/guardian to establish and maintain a Home Education Program for the following child(ren). The parent/guardian is responsible for maintaining his/her child(ren)'s complete portfolio and learning log as well as submitting results of annual evaluations in compliance with section 1002.41, Florida Statutes. ***Required fields**

| *Student Name | M/F <i>(Optional)</i> | *Date(s) of Birth | Grade <i>(Optional)</i> | I have withdrawn my child(ren) from the following school(s): <i>(Optional)</i> | Race <i>(Optional)</i> |
|----------------------|--------------------------|--------------------------|----------------------------|---|---------------------------|
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I. Current Public School Students **ONLY** – Copy of withdrawal form attached. **Yes** *(Optional)*

II. I intend to use Virtual School as part of my Home Education. **Yes** -OR- **No** *(Optional)*

III. I am aware that school districts are **not** authorized to award high school diplomas to home education students. **Yes**

***Parent/Guardian Name 1** _____ Phone # _____ Work # _____ Alternate # _____

Parent/Guardian Name 2 _____ Phone # _____ Work # _____ Alternate # _____

***Residence Address** _____ Apt. # _____ City _____ Zip Code _____

(I currently reside at the above Osceola County address.)

Mailing Address (If different from above) _____ Apt. # _____ City _____ Zip Code _____

E-Mail Address _____ *(Optional)*

Parent/Guardian Signature 1** _____ **Date _____ **Parent/Guardian Signature 2** _____ **Date** _____

For more information:
Home Education
 Adriana Casillas, Supervisor of Educational Choices
 (407) 870-4847
homeeducation@osceolaschools.net

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