ST. LUCIE PUBLIC SCHOOLS
HOME EDUCATION PROGRAM

NOTICE OF INTENT TO ESTABLISH A HOME EDUCATION PROGRAM APPLICATION

It is my intent to establish a Home Education program for my child/children for the 20_____ -_____ school year and until termination notice is received. Start date must be within 30 days of application unless enrolling for the next semester.

Start date or expected start date: _____

Please submit to:
St. Lucie Public Schools
Student Assignment Office
Attn: Home Education Dept.
9461 Brandywine Lane
Port St. Lucie, FL 34986
FAX: 772-429-3931 OFFICE: 772-429-3930
Email: Student.assignment@stlucieschools.org

STUDENT NAME Last Name, First Name	Date of Birth	Sex	Race	Grade	Most recent school attended (If applicable)

Has this student ever been home schooled in St. Lucie County? Yes ☐ No ☐

The reason for enrollment is (check all that apply):

☐ Acceleration ☐ Athletics ☐ Child's safety and welfare concerns ☐ Curriculum choice
☐ ESE/Gifted ☐ Family emergency ☐ Flexible schedule ☐ Health issues, Religious reasons
☐ Remediation ☐ Travel ☐ Virtual School: ☐ Florida Virtual or
☐ Other (specify) _____ ☐ Digital Mosaic Virtual

I understand that according to Florida State Law 1002.41(a), establishing a home education program requires the parent/guardian to assume full responsibility for educating their child(ren) and to provide any and all educational materials. 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 provide the School District with a copy of the evaluation annually; failure to submit will result in termination of the home education program.

Printed Parent/Guardian Name: _____
Relationship to Student First Name Last Name

Address: _____
Street City State Zip Code

Telephone #: _____ Email address: _____

Signature: _____ Date: _____

Please enclose a self-addressed envelope; if written confirmation is needed.