

St. Lucie Public Schools
Department of Student Services | Home Education Program

Notice of Intent to Establish a Home Education Program

Start date must be within 30 days of Notice of Intent unless enrolling for the next semester.

It is my intent to establish a Home Education program for my child/children for the 20____ - ____ school year and *until a termination notice is received*. The(ir) expected start date is _____.

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):

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Acceleration | <input type="checkbox"/> ESE/Gifted | <input type="checkbox"/> Religious reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Family emergency | <input type="checkbox"/> Remediation | _____ |
| <input type="checkbox"/> Child safety/welfare concerns | <input type="checkbox"/> Flexible schedule | <input type="checkbox"/> Travel | _____ |
| <input type="checkbox"/> Curriculum choice | <input type="checkbox"/> Health issues | <input type="checkbox"/> Virtual School: <input type="checkbox"/> FLVS Flex / <input type="checkbox"/> Mosaic Digital Academy | |

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

Address _____
Street City State Zip Code

Telephone # _____ Email address _____

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.

Parent/Guardian Signature _____ Date _____

Please submit by mail, fax, email, or in person to:

St. Lucie Public Schools
Dept. of Student Services, Home Education Program
9461 Brandywine Ln, Port St. Lucie, FL 34986

Office: 772-429-4598 | **Fax:** 772-429-4528
Email: HomeEducation@stlucieschools.org