

# Brevard County Public Schools

## Home Education Program Notice of Intent

In accordance with Florida Statute 1002.41, it is my/our intent to establish and maintain a home education program. As the parent or guardian, I/we are aware that we select the curriculum to be used to educate the child(ren), and I/we are aware of Florida State Statute language concerning **yearly evaluations** which are due one calendar year of the anniversary date of entrance into the home education program.

**If your child will be participating in an extra-curricular sports program, a FHSAA EL7 form is required for home education students. The form must be submitted to allow a minimum of 36 -48 hours for processing. Forms will be mailed to the address provided on the EL7.**

PLEASE PRINT the name(s) of all children that you are enrolling in your home education program.

First, MI., Last Name	D.O.B.	Last School Attended/Grade	Ethnicity

Indicate ethnicity: A=Asian or Pacific Islander, B=Black, Non-Hispanic, H=Hispanic, I=American Indian or Alaskan, M=Multiracial, P=Hawaiian Native/Pacific Island, W=White, Non-Hispanic

Please indicate the date your home education program started \_\_\_\_\_.  
The Office of Student Services cannot predate or postdate program start dates. If there is no start date provided, the date this office receives this Notice of Intent will act as the start date and the anniversary date.

### Parent/ Guardian Information:

It is important to provide the most accurate address below. A verification form will be sent to the address listed.

Parent/Guardian Name \_\_\_\_\_  
(PLEASE PRINT)

Address (No PO Box) \_\_\_\_\_  
Number and Street City Zip

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Signature of Parent/Guardian **BLUE** Ink Please

Return completed form to the following: Office of Student Services  
Educational Services Facility  
2700 Judge Fran Jamieson Way  
Viera, FL 32940-6699