

**Names of Children** 

## **The School District of Clay County**

Date of Birth

## **Intent to Establish a Home Education Program**

This form is provided for the parent/guardian's convenience and is optional.

A written letter may be used in it's place.

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.

Grade\*\*\*

Race/Ethnic

Origin\*\*\*

**Last School Attended** 

For additional information contact the Home Education Office at 904-336-9892

Male/

**Female** 

***Race/Ethnic Origin: A - Asian/Pacific Islander B - Black Non-Hispanic H - Hispanic M - Multiracial I - American Indian/Alaskan Native W - White Non-Hispanic								
***Student grade level, gender and race/ethnic or	igin informat	ion is optional						
Participation in CVA/Florida Virtual School (grades 6-12 only): Yes, I have established an accountNo, I am not participating						participating		
Parent/Guardian Name			TelephoneEmail		Email			
Home Address*			Apt#	City		Zip Code		
*I currently reside at the above Clay	County Add	dress.						
All Home School Students are required to sul Example: If the date your student started How withdraw your student from Home Education from Home Education.	me School is	s September 1	st, an annual			· ·		
I do hereby agree with the statements above	and I am aw	vare that schoo	ol districts ar	e not authorized	to award high school diploma	is to home education students.		
Parent Signature					Effective/Start	Effective/Start Date		

Phone: 904-336-9892 Fax: 904-336-9881 website: www.claycountyhomeschool.weebly.com email: HSCinfo@myoneclay.net