Home Education Program Notice of Intent

School Board of Osceola County
Home Education Office
1200 Vermont Avenue
St. Cloud, FL 34769 407-870-4847
www.osceolaschools.net/Homeeducation



List all children who will be enrolled in the Home Education Program – (please print or type)

*Name (First, MI, Last)	*Birth Date	*Sex	*Race	*Last School Attended	*Special Programs	*Current Grade
n accordance with Section 1002.41(1), it is my/our inte	ent to est	ablish and r	naintain a Home Educat	ion Program in Osc	eola County,
Florida to begin on : Date						
Please indicate whether the student is	a recipient of the	Family E	mpowerme	ent Scholarship (UA. PEF) by checking the a	appropriate box.
□ UA □ PEP			,.	(от у т	, -,	, pp p
UA						
Parent/Guardian Name(s): (pleas	se print or type)					
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First	MI			Last		
First	MI			Last		
*Street Address (number and street)				City	State 2	Zip Code
*Mailing Address (if different from street address)				City	State 2	Zip Code
*Work Phone	*Home Pho	one		*Email Address (For notices, updates, and events)		
Only the name, address, date of birth an or record keeping purposes.	d signature are rec	quired by I	aw for Home	e Education students. Add	itional information is	s optional but help
if a student participates in any extracurricertificate, shot record, and physical).	cular activities at th	heir zoned	l school, the	y must comply with all en	ollment requiremen	ts (birth
All Home Education students are require	ed to submit an anı	nual evalı	ıation. For e	xample: If your entry date	e is June, your evalu	ation is due the
ollowing June. Failure to submit a annual ınnual evaluation cannot re-enter Home E			nination from	n Home Education. Studen	ts terminated for no	n-compliance of
do hereby agree with the statements a liploma to Home Education students.	above and I am av	vare the (Osceola Cou	ınty School District is not	authorized to awa	<mark>rd a high schoo</mark> l
Parent/Guardian's Signature: _				Date:		
•						