



## NOTICE OF INTENT TO ESTABLISH A HOME EDUCATION PROGRAM

Please complete one form for each student

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 student.

Please Print:

STUDENT INFO			
First	Middle	Last	
DOB: <i>mm/dd/yyyy</i>	Gender:	Grade:	Last School Attended:
	Male <input type="checkbox"/> Female <input type="checkbox"/>		

Home Address:	City	Zip

Mailing Address:	City	Zip

Parent/Guardian Name:	Email Address:	Phone #:

- I currently reside at the above Walton County address. I understand this is subject to verification.
- I have withdrawn the student from the current school and I am establishing a Home Education program.
- I understand that the received date of Notice of Intent will be the Annual Evaluation Date.
- I understand that I am responsible for submitting an Annual Evaluation on or before the due date.
- I understand the Home Education Office does not issue a high school diploma, books, curriculum or materials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Walton County School District  
**Student Services**  
**Home Education**  
 145 Park Street, Suite 5  
 DeFuniak Springs, Florida 32435  
 Telephone: (850) 892-1100 FAX: (850) 892-1185  
[www.walton.k12.fl.us](http://www.walton.k12.fl.us)

FOR WCSD OFFICE USE ONLY:		
Date Received:	W/D from WCSD School <input type="checkbox"/>	Entered into FOCUS <input type="checkbox"/>