



NOTICE OF INTENT TO ESTABLISH A HOME EDUCATION PROGRAM

In compliance with section 1002.41, Florida Statutes, this is written notice from the parent/guardian of the below named student(s) to establish and maintain a home education program.

STUDENT(S) INFORMATION			
Child #1	First Name	Middle Name	Last Name
	Date of Birth (mm/dd/yyyy)	Sex**	Grade**
			Last School of Enrollment**
	Home Address	City	State
			Zip
	Mailing Address	City	State
			Zip
	Parent/Guardian Name	Email Address**	Relationship
			Phone #**

Addition Students

Child #2	First Name	Middle Name	Last Name
	Date of Birth (mm/dd/yyyy)	Sex**	Grade**
			Last School of Enrollment**
Child #3	First Name	Middle Name	Last Name
	Date of Birth (mm/dd/yyyy)	Sex**	Grade**
			Last School of Enrollment**

Has the student(s) previously been enrolled in the Walton County School District Home Education Program? ** Yes No
 Has the student(s) taken virtual courses? ** Yes No
 Does the student(s) plan to take virtual courses while enrolled in Home Education? ** Yes No

By signing and submitting this form, I understand and acknowledge:

- I currently reside in Walton County (subject to verification).
- If we move, I will update address and contact information with the Home Education office.
- Student(s) has been withdrawn from current school and I am establishing a Home Education program.
- The received date of this Notice of Intent will be the Annual Evaluation Date, which I am responsible for submitting each year on or before the due date.
- Failure to comply according to F.S. 1002.41 will result in: termination of Home Education program; possible revocation of driving privileges and/or court-related action.
- Submitting a Home Education Program Termination form is required upon completion/withdrawal.
- The Home Education Office does not issue, books, curriculum or materials.
- While Home Education does not lead to a diploma issued by Walton County School District nor participation in a graduation ceremony, it may lead to a parent issued affidavit of completion.

Signature of Parent/Guardian

Date

***Please note data elements are not required by FL Statutes but assist in setting up your child(ren) in WCSD's Data Information System (FOCUS).*

Walton County School District
Home Education Office
145 Park Street
DeFuniak Springs, Florida 32435
Telephone: (850) 892-1100, Ext: 1822

Webpage - www.walton.k12.fl.us Email - wcsdhomeed@walton.k12.fl.us

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