



## St. Johns County School District, Home Education Notification of Intent to Establish a Home Education Program

- ❖ Students registered in Home Education do NOT receive a diploma from St. Johns County School District.
- ❖ I understand that students registered in Home Education are not eligible for the McKay Scholarship for students with disabilities. For more information regarding McKay Scholarship eligibility, contact the Florida School Choice office at [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org) or 800.447.1636.
- ❖ I certify that I have read and fully understood the provisions of section 1003.26, Florida Statutes, and will comply with all requirements as specified in the Florida State Board of Education Administrative rule 6A1.0512 and school district procedures pertaining to compliance and enforcement of the compulsory school attendance law.

**Parent/Guardian initials indicate that the above statements are understood: \_\_\_\_\_ yes**

The sections in **red** are requirements within Florida Statute 1002.41. The other sections are optional. However, we encourage you to consider completing all sections for survey purposes. An E-mail address would be highly beneficial so we can more quickly process your request.

**Student Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_ for School Year **2017-2018**

**Home Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Parent/Guardian Name:** \_\_\_\_\_

Parent e-mail: \_\_\_\_\_ **TEL. No** \_\_\_\_\_

**Enrollment History:**

Last place of enrollment: \_\_\_\_\_

Withdrawal Date From: Public \_\_\_\_\_ Private \_\_\_\_\_ Home Education \_\_\_\_\_

Has your child previously participated in a home education program in St. Johns County:  Yes  No

**Method of Instruction:**

- Parent/tutor teaches student
- St. Johns Virtual School
- Florida Virtual School
- Correspondence program
- Other \_\_\_\_\_

**Method of Evaluation:**

- Portfolio and discussion
- Nationally-normed test
- Psychological evaluation
- Virtual school transcript
- State assessment at zoned school

**Reason for Home Schooling (if withdrawing from a St. Johns County School):**

- |   |   |
|---|---|
| <input type="checkbox"/> Classes not interesting  | <input type="checkbox"/> Felt like I don't belong   |
| <input type="checkbox"/> Teacher/student conflict | <input type="checkbox"/> Discipline                 |
| <input type="checkbox"/> Failing classes          | <input type="checkbox"/> Failed to pass FSA Testing |
| <input type="checkbox"/> Frequent absences        | <input type="checkbox"/> Other _____                |

*Ethnicity:*  Hispanic/Latino  Non-Hispanic/Latino

**Please complete the "Race" selection below. (CHECK ALL THAT APPLY)**

*Race:*  White  Black/African American  Asian  
 American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

*Sex:*  Male  Female

This section is optional; the information is requested by the Dept. of Education for survey purposes

**This form is to serve as an official notice of my intent to establish and maintain a home education program for my child.**

**Signature of Parent/ Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_