

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 or 800.447.1636.
- ❖ I have read and fully understand the provisions of section 1003.26, Florida Statutes.

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 email 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 School (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 | Other <input type="checkbox"/> _____ |

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** ____/____/____

Please return this completed form to:

Guidance and Choice 47 Orange St, Yates Bldg, St. Augustine, FL 32084 Fax (904) 547-7695 Tel: (904) 547-7579