

Home Education Program Transfer Request

(To be initiated by the parent of a Home Education Program Student)

This form is optional

I am requesting a transfer of my child's Home Education Program due to a change of address:

Student's Name: _____

Student's Date of Birth: _____

Parent's Name: _____

Student's Old Address: _____

Student's New Address: _____

The student named above will continue in the Home Education Program in the new county _____ where the student now resides.

This form may serve as a Notice of Intent to register this program with the Superintendent in the new county using the same anniversary date as the original Notice of Intent.

No evaluation and no notice of termination is required since the transfer is occurring due to a change in residence.

Superintendent of _____ (previous) county should close out the student's file and confirm the next evaluation due date to the parent and to the Superintendent of _____ (new) county. This should be communicated in writing, either by mail or electronically.

Parent's Signature: _____

Parent's email: _____ Phone number: _____

Date: _____

Submit this form to both County Home Education offices after moving.

Parents should keep a copy of this form and the district verification for their records.

Please submit this form by email to HomeEd@stjohns.k12.fl.us