

**NOTICE OF INTENT
TO ESTABLISH A HOME EDUCATION PROGRAM**

In compliance with Section 232.0201(1)(a), Florida Statute, this serves as the written notice of intent to home educate. Please refer to the following for the information required by law.

CHILD'S NAME:

BIRTHDATE:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I realize that in the event I should terminate my home education program or move out of the county, I must file a written notice of termination with the superintendent's office within thirty (30) days of said termination or move.

PARENT / GUARDIAN
NAME(S)
(PRINT): _____

PARENT / GUARDIAN
SIGNATURE(S): _____

HOME
ADDRESS: _____



Deliver this form to:

ESCAMBIA COUNTY Residents:

SANTA ROSA COUNTY Residents:

Dawn Ramirez
Office of School Choice
Escambia County School Board
30 E. Texar Street
Pensacola, FL 32503

Joyce B McCorvey
Director, Home Education Program
Santa Rosa County School Board
5086 Canal Street
Milton, FL 32570

Phone: (850) 469-5448

Phone: (850) 983-5065