

GULF DISTRICT SCHOOLS

NOTICE OF INTENT TO HOME EDUCATE – DISTRICT FILE

Florida Statute § 1002.41

STUDENT INFORMATION

Please list each child for whom you are establishing a Home Education Program.

Student's Full Legal Name	Date of Birth	M/F (Optional)	Grade Level (Optional)
1.			
2.			
3.			
4.			
5.			

NOTICE OF INTENT

I hereby notify the **Superintendent of Gulf District Schools** of my intent to establish and maintain a Home Education Program for the student(s) identified above pursuant to **§ 1002.41, Florida Statutes**.

Effective Date of Home Education Program: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Legal Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

OPTIONAL

Phone Number: _____ Email: _____

PARENT/GUARDIAN CERTIFICATION

Parent/Guardian Signature: _____ Date: _____

DISTRICT OFFICE USE ONLY

Date Notice Received: _____ Effective Date: _____

Processed By: _____

Notes: _____