



Brevard Public Schools

Home Education Notice of Intent

In accordance with Florida Statute 1002.41, it is my intent to establish and maintain a home education program. As the custodial parent or legal guardian, it is my responsibility to select the curriculum to be used to educate my child.

PLEASE PRINT the name of your child that you are enrolling in your home education program.

First Name

Last Name

Date of Birth

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Student ID#

Official Use Only

- The date the Home Education Office **receives** the Notice of Intent will act as the start date.
- Parent/guardian is responsible to provide the Home Education office with any address changes.
- Annual evaluations are **required**.
- The enrolling parent is the **only** person who can terminate home education.

PLEASE PRINT

Parent/Legal Guardian Name(s): _____

Email Address: _____

Home Address (No P.O. Boxes): _____
Number and Street Name City Zip Code

Mailing Address: _____
(**Must be** Brevard County and **only** if different than home address) City Zip Code

Home Phone (____) _____ Cell Phone (____) _____

DATE _____

Signature of Parent/Legal Guardian Please use **BLUE ink**.

PLEASE NOTE: Forms must be mailed or hand delivered. FAXED OR EMAILED FORMS CANNOT BE PROCESSED. Processing of this form is a minimum of 1-2 days after receipt. It may take as long as 10 business days before you receive the verification letter through the mail, once you have mailed or delivered the form to the address below. Verification letters **cannot** be picked up.

Return completed form to the following: Home Education Office (ESF – Pod 4)
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699