



# 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
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- 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 - Digital or [Blue Ink](#)

### PLEASE NOTE: ***Forms can be emailed, mailed, or hand delivered***

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: [HomeEducation@brevardschools.org](mailto:HomeEducation@brevardschools.org)

**Or U.S. Mail to:**

Home Education  
ESF – Pod 4  
2700 Judge Fran Jamieson Way  
Viera, FL 32940-6699