

# Hernando County School District

## Notice of Intent



to Establish and Maintain a Home Education Program

1. This is to inform you that effective date \*\*  a home education program meeting the requirements of F.S. 1002.41 has been/will be established for my child listed below. (This cannot be back dated)

2. Please complete another form for additional students

*Name (First Last)	*Date of Birth	Race	Gender	Current Grade

3. HOW WILL YOU ADMINISTER YOUR STUDENTS'S EDUCATION?

☐ Utilize Hernando eSchool Curriculum – Only available to 6<sup>th</sup> – 12<sup>th</sup> grade students.

Does your student have a 504 or an IEP? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ If yes, the 504 or IEP must be current and date compliant before registration can be completed. Please attach the current date compliant document to this intent form (first page of 504 or IEP).

☐ Flex program with FLVS (non-Hernando County School District Organization) Parent must verify enrollment.

☐ Other curriculum \_\_\_\_\_

4. \*Street: \_\_\_\_\_

\*City: \_\_\_\_\_, \_\_\_\_\_ \*Zip: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

5. \*Parent/Guardian Name Printed Name: \_\_\_\_\_

6. \*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates I am aware that, pursuant to F.S. 1002.41, it is my responsibility to provide an annual educational evaluation to this office ON or BEFORE the anniversary date of the establishment of Home Education. I understand the Hernando County School District will not send a reminder.

\*Only student's name, address, date of birth, and parent signature are required by law. The additional information you may provide is optional, but helpful to the Hernando County School District.

\*\* The effective date on this form will be the official start date for your student's home education program and the due date of the annual evaluation. If a portfolio is requested pursuant to F.S. 1002.41, this would be due approximately 30 days from the official start date.

### Parent(s)/Guardian(s) Return form to:

*The School District of Hernando County  
Office of School Choice:*

*919 N. Broad Street,*

*Brooksville, FL 34601*

Phone: (352) 797-7000

Fax: (352) 797-7151

Email: [homeeducation@hcsb.k12.fl.us](mailto:homeeducation@hcsb.k12.fl.us)

**Please retain a copy of your records  
and make note of the  
evaluation due date.**

**(1 year from your effective date)**

### Office of School Choice use only

Supervisor of School Choice: \_\_\_\_\_

Student Number: \_\_\_\_\_ Exiting school: \_\_\_\_\_

☐ Data Entry \_\_\_\_\_ ☐ School Notification \_\_\_\_\_ ☐ W24

30 Day Portfolio of Student Work requested: ☐ No ☐ Yes: Due Date: \_\_\_\_\_