

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
OFFICE OF SCHOOL CHOICE
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000 X32255 FAX (941) 927-4021

HOME EDUCATION PROGRAM NOTICE OF INTENT

Instructions: In compliance with F.S. 1002.41(1)(a), the parent/guardian must provide written notice of his or her intent to establish and maintain a Home Education Program to the district School Superintendent in the county that he/she resides. You may use this form to provide written notice to Sarasota County Schools' Superintendent. Information requested in the first section is required to register a student(s) in a home school program established by a parent/guardian. Information requested in the second section is optional. Return the completed, signed form to the Office of School Choice at the address above.

Student Information (Print)

Name (First, Middle, and Last)	Address (Street, City, State, and Zip)	DOB

Parent/Guardian Name (Print) _____

Parent/Guardian Address _____
Street City State Zip

Parent/Guardian Signature _____ Date _____

IMPORTANT INFORMATION

- If you are considering virtual on-line courses for your child, the following district and state virtual instruction programs are cost free and available to Florida residents with an established Home School Program:
District – Sarasota Virtual Academy <http://www.sarasotavirtual.com> (941) 924-1365 x62360
State – Florida Virtual School PT Flex Program <http://www.flvs.net> (800) 374-1430
- Parents/Guardians must submit the required annual evaluation and a written notice of termination upon completion of the Home Education Program to the Sarasota County Schools Superintendent within 30 days of terminating.
- Students enrolled in a home school education established by a parent/guardian are not eligible to receive a high school diploma from Sarasota County Schools.

OPTIONAL SECTION

Information requested in this section is not required to register a student(s) in a home school program established by a parent/guardian. This section may be completed or left blank.

Email Address _____

Parent/Guardian Home Phone _____ Cell _____

Ethnicity White Black Hispanic/Latino Asian American Indian/Alaska Native Pacific Islander Multi-Race

Distribution: Original – Office of School Choice Copy – Parent/Guardian