

HOME EDUCATION PROGRAM NOTICE OF INTENT
SCHOOL BOARD OF POLK COUNTY
Polk Virtual / Home Education Office – Dwight Smith Center
900 Lowry Avenue
Lakeland, Florida 33801
(863) 665-4538 Fax: (863) 665-5272
Home.education@polk-fl.net

In accordance with Section 1002.41(1), it is my/our intent to establish and maintain a Home Education Program in Polk County, Florida to begin on _____.

Date

Parent/Guardian Name(s): (please print or type)

First MI Last

First MI Last

*Street Address (number and street) City State Zip Code

Mailing Address (if different from street address) City State Zip Code

*Work Phone *Home Phone *Email Address (For notices, updates, and events.)

Table with 7 columns: *Name (First, MI, Last), *Birth Date, *Sex, *Race, *Last School Attended, *Special Programs, *Current Grade. Header: List all children who will be enrolled in the Home Education Program – (please print or type)

*Only the name, address, and date of birth are required by law for home education students. Additional information is optional but helpful for record keeping purposes. If a student participates in any extracurricular activities at their zoned school they must comply with all enrollment requirements (birth certificate, shot record, and physical).

Scheduling and course requirement questions will be directed to your zoned school guidance counselor.

All Home School Students are required to submit an Annual Evaluation. If your entry date is June, your evaluation is due the following June.

Failure to submit a yearly evaluation will result in termination from Home Education.

Students terminated for Non-compliance of yearly evaluation cannot re-enter Home Education for 180 days.

I do hereby agree with the statements above and I am aware the Polk County School District is not authorized to award High School Diplomas to Home Education Students.

Parent/Guardians' Signature: _____ Date _____

Email, fax or mail completed form to the School Board of Polk County

To be completed by the School Board of Polk County
Rec'd by SBPC: _____ Enrolled: _____ Database: _____ Scanned: _____