

**NOTIFICATION OF INTENT TO ESTABLISH  
A HOME EDUCATION PROGRAM**

This form is to serve as an official notice of my intent to establish and maintain a Home Education Program for my child named below. BEGIN DATE: \_\_\_\_\_

I certify that I have read and fully understand the provisions of Section 1003.01, Florida Statutes, and will comply with all requirements as specified in the Florida State Board of Education Administrative Rule 6A1.9512 and school district procedures pertaining to compliance and enforcement of the compulsory school attendance law.

PLEASE PRINT

\_\_\_\_\_  
(Child's First Middle Last Name)      Date of Birth      Current School      Grade

Asian     Black     Hispanic     Indian     Multiracial     White     Male     Female  
*(This information is requested by the State Department of Education for annual survey purposes.)*

\_\_\_\_\_  
Current Mailing Address      City      State      Zip

\_\_\_\_\_  
Parent/Guardian Name      Home Telephone Number      Daytime Phone Number

\_\_\_\_\_  
Fax Phone Number      Email Address

Is your child in an Exceptional Education Program?  
(Example: Learning Disability Program)

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that should this program be terminated, a written notice from me must be filed in the Superintendent's office within 30 days of the termination date

\_\_\_\_\_  
(Signature of Parent/Guardian)      (Date)

Please return  
Registration Form to:

Phone: (904) 390-2477/390-2476  
Fax: (904) 390-2075

Home Education Office  
Gloria R. Lockley, Director  
Duval County Public Schools  
1701 Prudential Drive, 4<sup>th</sup> Floor  
Jacksonville, Florida 32207-8182