Notice of Intent to Establish a Home Education

Submit application by email to: homeeducation@flaglerschools.com, Fax: 386-586-2387 or in person or by mail at 1769 E. Moody Blvd. Bunnell, FL 32110

Students Name:	Students DOB		_
Relationship of individual filling out form to H	Iome Education student:		
Mother Father Legal G	uardian		
Are you transferring your home education prog	gram from a different county?	Yes	No
If yes, which state and county was the child en			
Please read and initial:	(County)	(State)	

_____ I will go to the school my student currently is enrolled (if applicable) and complete the withdrawal process including <u>returning any technology</u> that may have been loaned too my student.

_____ I understand as a Home Education family, the parent/guardian is responsible for the curriculum, course selections and all other educational responsibilities. If using Florida Virtual School (FLVS), I understand I can contact FLVS directly for course selection assistance.

As part of my responsibilities for operating a Home Education Program, I shall:

(1) Maintain a portfolio of student records and materials as described in Florida Statute 1002.41 (1) A (b) for a minimum of two (2) years. Such records shall be open for inspection by the Superintendent or agent upon 15 days' written notice.

(2) Provide a written annual report which shall contain an annual educational evaluation for each child, to the District School Superintendent or designee at the end of each school year as described in Florida Statute 1002.41 (1) A (c). The annual educational evaluation shall consist of one of the following:

a. A **Florida Certified** teacher chosen by the parent may evaluate the child's progress based on the review of the portfolio and discussion with the student:

b. The student may take any nationally normed student achievement test administered by a certified teacher:

c. The student may take a state student assessment test used by the school district and administered by a certified teacher, at a location and under testing conditions approved by the school district.

d. The student may be evaluated by a psychologist holding a valid, active license pursuant to the provisions of s. 490.003 (7) or (8), F. S.; or

e. The student may be evaluated with any other valid measurement tool as mutually agreed upon by the school superintendent of the district in which the student resides and the student's parent or guardian.

NOTE: <u>The annual evaluation must be provided on or before the anniversary of enrollment</u>. Failure to provide an annual evaluation could result in termination from the Home Education program. If the student is using Florida Virtual School or Daytona State College coursework as the only curriculum, you may use the Unofficial Transcript or college transcript as the annual evaluation, if your child has completed a minimum of four courses</u>. For middle school, this must be the 4 core courses, English, Math, Science and History. For high school, this would be a minimum of one English and one Math course, plus two others. If your child has not completed at least four FLVS courses, please choose one of the other evaluation options.</u>

Parent/Guardian Name (Please print)	_		
Parent/Guardian Signature (electronic signatures not accepted)	Date		
Home Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
The information below is optional and is req tested and or communication.	uested in order to a	assist you when I	naving your student
Phone Number Parent E	Email Address		
Race: American Indian or Alaskan Native Multiracial Native Hawaiian or Other Pac MaleFemale		-	ican American
Student is coming from: public school priv	vate school Las	st state child enrol	led in
For District Use Only Received (Initial)	Date	Flagler School W	/D from