The School District of DeSoto County
Department of Student Services

Letter of Intent to Home Educate

You may choose to either use this form or provide your information by following the requirements as indicated by Florida Statute 1002.41.

Data marked with an asterisk (*) is required, all other data is optional.

PLEASE PRINT ALL INFORMATION LEGIBLY

*Student Name:_____ Grade:_____
LAST FIRST MIDDLE

*Address:_____

*Mailing Address (if different):_____

Parent/Guardian Phone Numbers: Cell:_____ Home:_____

Parent Email Address:_____

*Student's Date of Birth:_____ Gender: ☐ M ☐ F

Student's Birth City:_____ State:_____ Country:_____

Last School Attended:_____

Choose Type of Home Education Program

☐ I am opening a home education program for the first time in DeSoto County.

☐ I am re-opening a home education program, which previously existed in DeSoto County.

☐ I am adding a student(s) to my existing home education program.

☐ I am enrolling in Home School with the School District of DeSoto County to obtain a GED.

_____
*Effective Start Date

_____
*(PRINT) Parent/Guardian Name *Parent/Guardian Signature Date of Signature

RETURN TO:
Department of Student Services
310 W Whidden Street, Arcadia, FL 34266
Phone: 863-993-1333 FAX: 866-889-1073