Office Use Only: Received By: _____ Date: _____ Sent to School Date: _____

Baker County School District
Home Education Program

LETTER OF INTENT

I am the parent/legal guardian of the following child who I am requesting to home educate:

Start of Home Education Program Date: _____

Student Name _____ Date of Birth: _____

Grade: _____ Sex: _____ Race: _____

Last School Attended: _____ County: _____

By signing below, I certify that I have been informed that I am responsible to provide a yearly portfolio review or have my student tested by a certified teacher. I will notify the School District of any change of status, for example, termination of my home school program, change of address, change of residence, change of email, etc.

Email Address: _____

Home Address: _____

City: _____ Zip Code: _____

Optional: Please circle the reasons for terminating school enrollment?

Classes Not Interesting	Family Problems	Employment	Homeless
Suspended/Expelled	Illness	Failing Classes	Don't Like School
Intimidated/Bullied	Failed to Pass FAS/EOC	Truancy	Student/Teacher Conflict
Other:			

Print Name of Parent or Guardian: _____ Cell Phone: _____

Signature of Parent or Guardian: _____ **Date**: _____

Return form to:
Angie Crews
Baker County ESE/Student Services Office
420 S. 8th Street, Macclenny, FL 32063
Office Phone: (904) 259-7825
homeeducation@bakerk12.org

This student has been determined by the school to exhibit a pattern of non-attendance according to F.S. 1003.26 1(b). The parent has been informed and verbalizes understanding of the requirement of Portfolio Review to be completed within 30 days of this intent.

Office Initials: _____ Parent Signature: _____ Date: _____

1st Portfolio Review Date: _____