



Brevard Public Schools

Home Education Notice of Intent

In accordance with Florida Statute 1002.41, it is my intent to establish and maintain a home education program. As the custodial parent or legal guardian, it is my responsibility to select the curriculum to be used to educate my child.

PLEASE PRINT the name of your child that you are enrolling in your home education program.

First Name	Last Name	Date of Birth
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Student ID#

<small>Official Use Only</small>

PLEASE PRINT

Parent/Legal Guardian Name(s): _____

Email Address: _____

Home Address (No P.O. Boxes): _____
Number and Street Name City Zip Code

Mailing Address: _____
(**Must be** Brevard County and **only** if different than home address) City Zip Code

Home Phone (____) _____ Cell Phone (____) _____

DATE _____

Signature of Parent/Legal Guardian _____

Take this form to your child's [neighborhood school](#) to enroll in Home Education

NOTE:

This form can be emailed, mailed, or hand delivered to the district home education office after withdrawing your child from public school.

Processing of this form by the district office is a minimum of 3-5 days after receipt. It may take as long as 10 business days before you receive the verification letter through the U.S. mail or email once you have mailed or delivered the form to the address below. Verification letters **cannot** be picked up.

HomeEducation@brevardschools.org

Or U.S. Mail to:

Home Education - ESF- Pod 4
 2700 Judge Fran Jamieson Way
 Viera, FL 32940-6699

Date Received:
