

DISTRICT SCHOOL BOARD OF PASCO COUNTY LETTER OF INTENT TO HOME EDUCATE

This form must be submitted within thirty (30) days of starting a Home Education Program

* - Required Information

(Please print all information clearly)

*Parent/Guardian _____ Home Phone () _____ Work Phone () _____

*Residence Address _____ Cell Phone () _____

Street _____

City/State Zip _____ Email address: _____

Families who provide a valid email address may receive advance notice of evaluation due date.

Please check the appropriate box(es)

I am opening a Home Education Program for the first time in Pasco County

I am re-opening a Home Education Program, which previously existed in Pasco County

I am adding a child(ren) to my existing Home Education Program in Pasco County

Start Date of Program _____

*Students Full Legal Name Pasco ID # *Date of Birth Most Recent School Attended

(if known)

First Middle Last

First Middle Last

First Middle Last

First Middle Last


Plan to take
virtual class(es) FLVS

(PLEASE no initials)

I, _____, understand that according to Florida State Law, establishing a home education program requires the parent/guardian to assume full responsibility for instruction their child(ren), providing any and all educational materials, and facilitating educational activities. In addition, Florida State Law requires the parent/guardian to maintain a portfolio of the child's (children's) work for at least two (2) years and to provide the District School Board of Pasco County with a copy of an annual evaluation for each year the child(ren) is in a Home Education Program.

Please Return This Form To:

**The District School Board
of Pasco County
7227 Land O'Lakes Blvd.
Land O'Lakes, FL 34638
Attn: Home Ed
or FAX: 813-794-2915**



*Parent/Guardian Signature Date