



# Miami-Dade County Public Schools Home Education Program Notice of Intent

Use of this form is optional.

STUDENT INFORMATION				
STUDENT NAME	(Last)	(First)	(Middle)	DATE OF BIRTH
STREET ADDRESS	(Apt. No.)	(City)	(State)	(Zip)

OPTIONAL INFORMATION				
ETHNICITY: HISPANIC: (CHECK) <input type="checkbox"/> Yes or <input type="checkbox"/> No				
RACE (CHECK ALL THAT APPLY): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Indian (American)				
SEX	TELEPHONE NO.	(Home)	(Work)	(Cellular)
<input type="checkbox"/> M <input type="checkbox"/> F				CURRENT GRADE
PLACE OF BIRTH	(City)	(State)	(Country)	
LAST SCHOOL ATTENDED				

PARENT INFORMATION				
NAME OF MOTHER	(Last)	(First)	(Middle)	NAME OF FATHER (Last) (First) (Middle)
PARENT(S) EMAIL ADDRESS				

This form is written notification that I wish to establish a Florida Home Education Program for my child in accordance to F.S. 1002.41. I understand that in order to enroll, I must withdraw my child from the current school. I am aware that school districts are not authorized to award high school diplomas to home education students.

I am establishing my Florida Home Education Program on \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent*

For more information, visit [www.attendanceservices.dadeschools.net/homeschool.asp](http://www.attendanceservices.dadeschools.net/homeschool.asp).

<b>SUBMIT COMPLETED FORM TO:</b> HomeEducation@dadeschools.net
Miami-Dade County Public Schools Florida Home Education Program 489 East Drive Miami Springs, Florida 33166 Telephone (305) 883-5310