

**Notice of Intent
to
Establish and Maintain a Home Education Program**

Date: _____

To the Superintendent of the Miami-Dade County School District:

This is to inform you that effective _____, a home education program meeting the requirements of ss. 1002.41 has been/will be established for my children as listed below.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

These children reside at:

Street _____

City: _____, FL Zip: _____

Sincerely,

Parent/Guardian signature

Printed name

Keep a copy for your records

Mail (return receipt requested) to the school district within 30 days of establishing your program.

Miami-Dade County Public Schools

Attendance Services

Florida Home Education Program

489 East Drive

Miami Springs, FL 33166