

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



Date: _____

To: **Dr. Beth Barfield - Superintendent of Glades County School District**

This is to inform you that effective _____, a home education program
Date

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

Please mail to your school district within 30 days of establishing your program. **C/O Doreen Sabella**