

# Letter of Intent

**TO:** The Superintendent of Schools

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

This letter is to inform you of our intent to establish and maintain a Home Education Program for our child (ren), according to Florida Statutes 1002.41.

Please Print Child's Name

Date of Birth

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Home Address (please print)

Phone Number (OPTIONAL)

_____	_____	( ) _____
Street	Apt.	
_____	_____	
City	Zip Code	

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail, Email or FAX to:**  
Superintendent of Schools  
Leon County Schools  
2757 West Pensacola Street  
Tallahassee, Florida 32304  
FAX: (850) 561-8363  
EMAIL: [homeed@leonschools.net](mailto:homeed@leonschools.net)