

**Putnam County School District
HOME EDUCATION PROGRAM REGISTRATION**

In accordance with Florida Statutes 1000.01 and 1003.21(02), it is (my) (our) intent to establish and maintain a Home Education Program.

Date of Application: _____ Home Education program to begin on _____

Number of students registered on this date: _____

(Areas with * are optional and not required for registration.)

PARENT INFORMATION (Please print or type)

Parent/Guardian #1 full legal name	Parent/Guardian #2 full legal name	
Mailing address	City / State	Zip
* 911 address located in Putnam County	*Parent Email Address **-please print legibly	
* Work phone	*Home phone	* Cell phone
Contact me by: _____		Best contact time: _____

I understand the legal responsibility of Home Schooling my student(s) **which includes maintaining a Home Education Portfolio compliant with Florida Statutes.** The Portfolio compliance list is included in the Home Education packet. **Portfolio must be kept for a minimum of two years.**

Parent Signature

Parent Signature

Student Information (Please type or print)

Student Full Legal Name	DOB	** Last school attended with City, State
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

**** Home school registration will be verified to last school attended for attendance verification in home school.**

Parent/Guardian initials indicate that the following statements are understood: _____ YES

- Home school students are not awarded a high school diploma through the school district.
- FLVS is only a resource for home school students. Classes should be documented in the portfolio.
- Transfer of credit rules apply when transferring back into the public school system which is based on performance.
- Presentation of the student's FLVS transcript and/or parent transcripts to any other educational facility is my responsibility as parent for credits to be counted.
- All Students enrolled in the Home Education Program must comply with the Home School requirements as mandated by Florida Statutes regardless of age at enrollment.
- Home School personal information is not maintained on the district data base unless student is participating in a school program or service.

Portfolio reviews for students who have been determined to have established a pattern of non-attendance while in public school. Per **FL Statutes 1003.26(1)(f)(2)**, a parent may choose the portfolio reviewer/s to review their student's portfolio. This is NOT applicable for every student and is not the annual reporting. Please mark your selection below.

_____ I have no preference and elect to use the parents for the committee as provided.

_____ I prefer for _____ to review my portfolio. This parent **must have home schooled for three years and is willing to serve on the designated day.** I am assuming responsibility to notify the person selected. If the selected parent does not attend the portfolio review, I give consent to have the portfolio reviewed by the committee members serving on that day. Proof of home schooling for three years must be presented for person chosen unless parent's students are enrolled or have been enrolled in Putnam County School District Home Education Program. **I understand that upon notification of portfolio review, portfolio must be presented as requested in order to avoid the possibility of student being required to enroll in a "school attendance option". (Parent nor student are required to attend the review.) If a portfolio is not presented as requested, the student has three (3) days to enroll in a school that meets attendance.**

If parent/student chooses not to attend the portfolio review & drops off the portfolio, portfolio should be picked up within one week.

- ❖ I would like to receive home school news. YES NO
- ❖ If no is selected, email will only be used to contact parent.
- ❖ Home School Orientation: ACCEPTED DECLINED
- ❖ Home School Packet has been received: HARD COPY ELECTRONIC
- ❖ Have you homeschooled previously? _____ yes _____ no Number of years: _____
- ❖ If eligible (home schooling parent for 3 years), are you interested in serving on the Portfolio Committee? YES NO

Please return form to:

By Mail:

**Putnam County School District
Home Education Program
Attn: Shirley D. Deel
200 Reid Street
Palatka, FL 32177**

In person:

**Putnam County School District
Home Education Program Office
113 Putnam County Boulevard
Building 2, Room 1
East Palatka, FL 32131**

*Page 3 of registration to be filled out for students who will be requesting to take classes, testing, or services through the school district. Page 3 may be filled out at a later date when services are needed.

District Program Participation and/or Services

This information is needed to provide services or participation within the school district. It is the parent's responsibility to contact the school for eligibility to participate in classes, programs, or for services needed and to provide transportation as needed. All home school students participating within the school district must abide by the standards outlined in the Code of Conduct which includes behavior and dress code. Birth certificate and parent driver's licenses copies must be provided.

Student #1

Student full legal name: _____

(The following information is being provided for student to participate in any school district classes, programs, testing, or receive services.)

DOB	M / F	Ethnicity	Zoned School	Social Security #	Grade Level

Student #2

Student full legal name: _____

(The following information is being provided for student to participate in any school district classes, programs, testing, or receive services.)

DOB	M / F	Ethnicity	Zoned School	Social Security #	Grade Level

Student #3

Student full legal name: _____

(The following information is being provided for student to participate in any school district classes, programs, testing, or receive services.)

DOB	M / F	Ethnicity	Zoned School	Social Security #	Grade Level

Student #4

Student full legal name: _____

(The following information is being provided for student to participate in any school district classes, programs, testing, or receive services.)

DOB	M / F	Ethnicity	Zoned School	Social Security #	Grade Level

Student #5

Student full legal name: _____

(The following information is being provided for student to participate in any school district classes, programs, testing, or receive services.)

DOB	M / F	Ethnicity	Zoned School	Social Security #	Grade Level