

## Home School Enrollment Form

Calhoun County School District  
20859 Central Ave. East, Room G-20  
Blountstown, FL 32424

This is to advise you of my intent to establish a Home School Program for my child/children who reside with me at the address shown below.

Name	Date of Birth	Grade (Optional)

I have received a copy of F.S. 1002.41 which outlines the procedure for establishing and operating such a school and I agree to comply with the provisions of this statute in the operation of my program.

I realize that I am assuming the full responsibility for my child/children's education and understand that he/she/they must show progress commensurate with his/her/their ability as outlines in statute.

I plan to start my Home School Program on \_\_\_\_\_.  
(Date)

Print Parent Name: \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_