Date Requested:	····		
	OF INTEN (Please prin		OME EDUCATION ormation)
Parent/Guardian's Name:			
Residence Address		М	ailing Address (if different)
Telephone:			
I am the parent/guardian of the	following	child(rer	n) whom I intend to home educate
Please provide complete legal name(s)			
Student Name(s)			Most Recent School Attended
· · · · · · · · · · · · · · · · · · ·			
			•
Parent/Guardian's Signature:			Date:
Please feel free to contact this	office at 32	1-5805 s	hould you need further assistance

Return to: Director of Elementary Education
School Board of Nassau County
1201 Atlantic Avenue
Fernandina Beach, FL 32034