



THE GADSDEN COUNTY SCHOOL DISTRICT

Educating Every Student Today, Making Gadsden Stronger Tomorrow

Elijah Key, Superintendent of Schools

35 Martin Luther King, Jr. Blvd Quincy, Florida 32351

Main: (850) 627-9651 or Fax: (850) 627-2760

www.GadsdenSchools.org

Disclaimer: The Gadsden County School District does not operate a home education program and only registers with the school superintendent for the purpose of complying with the state's attendance requirements under F.S. 1003.21(1).

Home Education

The Gadsden County School District readily honors school choice from any parent/guardian. For parents who wish to enroll their child(ren) in Home Education, he/she shall adhere to the following guidelines listed below. These guidelines are from the Home Education Act of 1985, as provided by Florida Statute 232.0201. Any further questions or concerns can be directed to the district's Home Education Coordinator (Superintendent's designee):

Gary Russ-Sills, MSW at (850) 627-9651, ext. 1292.

These stipulations MUST be followed to be in compliance with the law.

A notice of intent should be sent to the school district superintendent and should include the following information:

- a. Name of each child (6-16 years old)
- b. Birthdate of each child
- c. Address (within the Gadsden County School District)
- d. Parent/Guardian's signature

Please send notice to:

Mr. Elijah Key, Jr., Superintendent

Gadsden County School District

35 Martin Luther King, Jr. Blvd

Quincy, Florida 32351

If you choose to participate in the Gadsden County Virtual Instruction Program, the additional information and verification will be required:

1. Proof of residence
2. Photo ID
3. Child(ren) birth certificate

Additional requirements of the parent/guardian of students who enroll in home education include:

- ✓ Maintain a student portfolio of records (including curriculum, progress, platform used, etc.)
- ✓ Ensure portfolio is available for inspection by the superintendent (or designee) upon a 15-day written request.
- ✓ Submit an annual evaluation of each child to the superintendent (or designee), records should be maintained for at least 2 years.
- ✓ Provide a notice of termination upon completion of the home education program, enrollment into a public or private school, or upon moving to another district or state.

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Notice of Intent to Establish a Home Education Program

Please complete one form for up to three (3) students.

In compliance with section 1002.41 (1)(a), Florida Statutes this is written notice from the parent/guardian to establish and maintain a home education program for the following student. The parent/guardian is responsible for **maintaining his/her students' complete portfolio and learning log as well as submitting results of annual evaluations** in compliance with section 1002.41, Florida Statutes.

Please Print Legibly:

STUDENT NAME (First Name Last Name)	DATE OF BIRTH mm/dd/yyyy	GENDER	GRADE	I have withdrawn my child from the following school (Please include date)

Parent/Guardian Name: _____

Home Address: _____

Telephone: _____ **Email:** _____

- ✓ I currently reside at the above Gadsden County address. I understand this is subject to verification.
- ✓ I have withdrawn the student from the current school, and I am establishing a Home Education program.
- ✓ I understand that an original **Annual Evaluation will be due on or before the anniversary date of enrollment into Home Education.**
- ✓ The Home Education Office **does not issue high school diploma, books, curriculum, or materials.**

Parent Signature: _____ **Date:** _____

Please Note: If the office is unable to process the above request, the telephone number, address, and/or email address will be used to contact you. You can send completed forms via mail, email, or fax using the contact information below.

Mail:

Gadsden County School District
 Attention: Home Education Department
 35 Martin Luther King Jr. Blvd.
 Quincy, Florida 32351

Fax: (850) 627-3530 **Email:** russillsgar@gcpsmail.com

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Notice of Intent to Terminate a Home Education Program

Please complete one form for up to three (3) students.

In compliance with section 1002.41 (1)(a), Florida Statutes this is written notice from the parent/guardian to terminate the home education program for the following student. The parent/guardian is responsible for **keeping the home education student's complete portfolio and learning log for two full years.** Students between the ages of 6 and 16 years are subject to compulsory school attendance per Sections 1003.21, 1003.24, Florida Statutes.

Student's Name	
Date of Birth (mm/dd/yyyy)	
Student's Name	
Date of Birth (mm/dd/yyyy)	
Student's Name	
Date of Birth (mm/dd/yyyy)	

Parent/Guardian's Name		
Home Address		
	<u>Contact Number</u>	<u>Email Address</u>

The reason for termination is:

- Returning to Gadsden County Public School: New School _____ Grade Level _____
- Enrolling into private school: New School _____
- Moving to new school district: New District _____
- Graduating from Hom Education: Date: _____
- Other (please specify): _____

Parent Signature: _____

Date: _____

Gadsden County School District Staff Only	
Home Education Enrollment Verified (Y or N)	Annual Evaluation Current (Y or N)
Name of Receiving School (if applicable):	
Action Taken:	

Staff Name: _____ **Signature:** _____ **Date:** _____

Please Return to:

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 Attention: Home Education Department
 35 Martin Luther King Jr. Blvd.
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Fax: (850) 627-3530 **Email:** russillsgar@gcpsmail.com

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2024-2025 Testing Data Form

Home Education & Virtual Instruction Students

To ensure safety and integrity of district testing, precautions must be adhered to at the testing sites when students are unknown to the test administrator or other school staff. For security purposes, photo identification is required for ALL students entering Gadsden County School District's schools for testing. Acceptable identification may be a Florida ID card, school ID or passport, which will be checked before admission to the testing room.

Please enter student's information below:

First & Last Name	
Home Address	
Grade Level	
Date of Birth	
Social Security Number	
Student's Ethnicity & Gender	
Zoned School	
Parent/Guardian's Name	
Parent/Guardian's Email	
Contact Number	
Test Site Name (Office Use Only)	
FLEID (Office Use Only)	
Assessments Requested:	

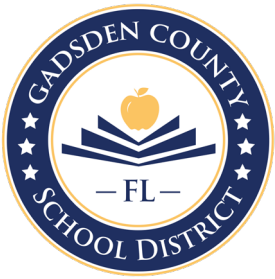
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Student Data Collection Form

Student's Name: _____

Grade: _____ Age: _____

Please answer BOTH questions 1 and 2.

1. Is your child Hispanic or Latino? (Please mark only ONE.)

- a. No, my child is not Hispanic or Latino.
- b. Yes, my child is Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish culture or origin, regardless of race.)

2. What is your child's race? (Please mark all that apply. Please mark at least one.)

- a. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. (I)
- b. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (A)
- c. A person having origins in any of the block racial groups of Africa, term such as "Negro" can be used in addition to "Black" or "African American" (B)
- d. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (P)
- e. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (W)

Parent/Guardian's Signature: _____ Date: _____

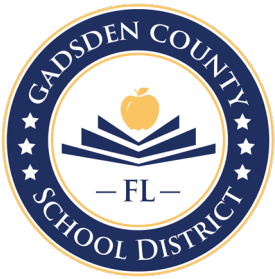
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Gadsden County School District Virtual Instruction Program Acknowledgement/Verification of Materials Received

Student's Name	
Parent/Guardian's Name	
Street Address	
City, State, & Zip Code	
Contact Number	
Email Address	

I, _____ (Parent/Guardian *Please Print*), hereby acknowledge that I have received all of the materials listed on the attached page and further acknowledge that the merchandise has been thoroughly inspected and is without defect.

Virtual Providers Name	
Parent/Guardian's Signature	
Date	
<i>Important Note: Please submit this document and copies of the packing slips to the Gadsden County School Board within ten (10) business days of delivery of materials and resources. Thank you in advance for your cooperation and assistance.</i>	

Please send above documents via:

Postal Mail:

Gadsden County School District
Attention: Home Education Department
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Fax: (850) 627-3530

Email: russillsгар@gcpsmail.com

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Home Education Affidavit

Instructions:

- This affidavit is to be completed by the Home Education parent or guardian at the completion of the home education program.
- This affidavit is to be signed and sealed by a Florida Commissioned Notary.

Student Information:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
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Home Education Program Certification

This affidavit is executed on behalf of my student who was educated in a Home Education Program as defined by Florida Statute 1002.41.

I, _____, do hereby acknowledge under sworn oath that my student, named above, has met the requirement of Florida Statute 1003.01(13) and 1003.21 and completed Gadsden County School District's Home Education Program in Florida on / / .
MM DD YYYY

_____ Parent Signature _____ Date

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____ (month), ____ (year)

By _____ (Parent's Name).

Signature of Notary Public – State of Florida

AFFIX NOTARY SEAL

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known () OR Produced Identification ()

Type of Identification Produced: _____

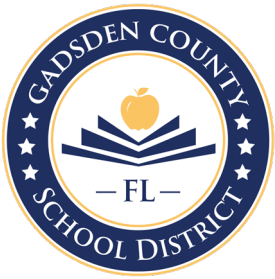
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Home Education Annual Evaluation

Student's Name	
Parent/Guardian's Name	
Street Address	
City, State, & Zip Code	
Date of Birth	
Contact Number	
Email Address	

On _____ I, _____, a
(Date) (Teacher Name)

Florida Certified Teacher evaluated the above-named student in accordance with Florida Statutes 1002.41, and I find that s/he has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Teacher's Name		
Certificate Number		Expiration Date
Signature		
Date		

Keep a copy for your record and send this evaluation report to:

Postal Mail:

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