



LETTER OF INTENT TO HOME EDUCATE

(Please print in blue or black ink)



Date to begin program: _____

Male Head of Household _____ Primary Phone _____

Female Head of Household _____ Primary Phone _____

Home Address _____
Street _____ City/State/Zip _____

Mailing Address (if different) _____
Street _____ City/State/Zip _____

Email address (Optional) _____ I prefer to receive information electronically.

<p>Check if you intend to use virtual school as part of your Home Education Program.</p> <p>NOTE: These selections are only for PART-TIME enrollment.</p> <p>No diploma or certificate of completion will be issued.</p> <p><input type="checkbox"/> Connections Academy classes (FLVS partner)</p> <p><input type="checkbox"/> Florida Virtual School (FLVS) classes</p> <p><input type="checkbox"/> Hillsborough Virtual School (HVS) classes</p> <p>*Enrollment with the virtual school you have selected will be verified.</p> <p>**REQUIRED** English/Language Arts AND Math course</p>	<p>Please check the appropriate box:</p> <p><input type="checkbox"/> I am opening a program for the FIRST time in Hillsborough County.</p> <p><input type="checkbox"/> I am re-opening a program which previously existed in Hillsborough County.</p> <p><input type="checkbox"/> I am adding a child(ren) to my existing program.</p>
<p> This form is <u>NOT</u> necessary for students enrolling in the <u>PUBLIC SCHOOL VIRTUAL PROGRAMS.</u></p>	

Student's Legal Name	Date of Birth	Grade	Most Recent School Attended	M/F	Student Number (if Hillsborough Co.)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason for choosing Home Education _____

It is my intent to establish and maintain a home education program. As the parent/guardian, I have read and will comply with information in and related to Florida Statute 1002.41.

- ✓ I understand my student will not receive a diploma.
- ✓ I understand my student is required to take English/Language Arts AND Math if using virtual classes for evaluation.
- ✓ I understand I am required to provide an annual evaluation to the office of Home Education.

Parent/Guardian Signature (required – electronic signature not accepted) _____ Date _____

For more information, visit: www.sdhc.k12.fl.us Search "Go Home_Ed"

Home Education
 Aida Farrell, Liaison
 (813) 609-6816
Home.education@sdhc.k12.fl.us

RETURN THIS FORM TO:
Email: Home.education@sdhc.k12.fl.us
 Home Education
 2704 N. Highland Ave. Room 309
 Tampa, FL 33602
 Fax (813)609-6825