

# LETTER OF INTENT TO HOME EDUCATE

(Please print all information)

Date To Begin Program: \_\_\_\_\_

Male Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Female Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Residence Address

Mailing Address (if different)

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
City/State/ZIP

**Please check the appropriate box(es)**

- I am opening a Home Education Program for the first time in Hillsborough County.
- I am re-opening a Home Education Program which previously existed in Hillsborough County.
- I am adding a child(ren) to my existing Home Education Program.

Student's Legal Name

Date of Birth

Grade

Most Recent School Attended

**OPTIONAL INFORMATION**

M / F

Race

Social Security Number

<u>Student's Legal Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Most Recent School Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>M / F</u>	<u>Race</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

Velasco Student Services Center • Guidance Services  
1202 East Palm Avenue • Tampa, FL 33605  
Phone: 813-273-7256 • FAX: 813-273-7209  
Web Site: www.sdhc.k12.fl.us

**RETURN THIS FORM TO:**  
**Guidance Services/Home Education**  
**1202 East Palm Avenue**  
**Tampa, FL 33605**