



LETTER OF INTENT TO HOME EDUCATE

(Please print in blue or black ink)



Date to begin program: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Residence Address: _____
Street City/State/Zip

Mailing Address: _____
(if different) Street/Post Office Box City/State/Zip

E-mail address (optional) _____ I prefer to receive information electronically

Check if you intend to use virtual school as part of your Home Education Program.
 NOTE: These selections are only for PART –TIME enrollment.
****No diploma or certificate of completion will be issued****
 Hillsborough Virtual School
 Florida Virtual School
****REQUIRED** If using virtual transcripts for annual evaluation, student must take a minimum of a full year of English/Language Arts AND Math**

➡ This form is NOT necessary for students enrolling in a FULL-TIME PUBLIC SCHOOL VIRTUAL PROGRAM

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

Reason for choosing Home Education (optional) _____

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 and in the search bar type “Go Home_ed”

Home Education
 Maira Figueroa, Liason
 (813)609-6816, option 2
home.education@sdhc.k12.fl.us

RETURN THIS FORM TO:
 Email: home.education@sdhc.k12.fl.us
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 Tampa, FL 33602