

LETTER OF INTENT TO HOME EDUCATE

(Please print clearly all information)

Date To Begin Program: _____

Male Parent/Guardian _____

Home Phone: _____

Work Phone: _____

Female Parent/Guardian _____

Home Phone: _____

Work Phone: _____

Residence Address: _____

Street

Mailing Address: (if different) _____

Street

City/State/Zip

City/State/Zip

I intend to use Virtual School as part of my Home Education.

Yes (check one)

_____ Hillsborough Virtual (HVS)

_____ Florida Virtual (FLVS)

No

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

M/F

Student Number (if in Hillsborough Co.)

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

Parent/Guardian's Signature (required)

Date

For questions, contact:

Home Education

Roxanne Hahn

(813) 273-7256

roxanne.hahn@sdhc.k12.fl.us

Hillsborough Virtual School

Chris Perez, Guidance Counselor

(813) 983-7278

www.hillsboroughvirtual.com

RETURN THIS FORM TO:

Home Education

1202 East Palm Ave.

Tampa, FL 33605

Or

FAX COMPLETED FORM TO: 813-273-7204