

Suwannee County School District
Home Education Program
LETTER OF INTENT

I am the parent/legal guardian of the following child whom I am requesting to home educate:

Student Name Race Sex Date of Birth Last School/County Attended Grade

Home Education Verification is required when enrolling in Florida Virtual School. Please provide an email address (where indicated below) and checkmark in the box to the left if you are in need of such verification.

Optional: What are the reasons for terminating school enrollment? Please indicate with a check mark.

Table with 5 columns: Classes not interesting, Family problems, Employment, Parenting, Homeless; Suspended too often, Friends dropped out, Illness, Failing classes, Marriage; Intimidated/Threatened/Bullied, Failed to pass FSA, Expelled, Migrant; Student/Teacher conflict, Did not like school, Truancy/absenteeism, Other.

Signature of Parent/Legal Guardian Today's Date Date Enrollment Begins

I attest that this student resides in Suwannee County _____
Printed Name of Parent/Legal Guardian initial here

Email Address Cell Phone Cell Phone

Home Address: Street City State Zip

To ensure identification of Home Education students enrolled in virtual programs, Dual Enrollment, Bright Futures, etc., we request the information below (optional). Your child's enrollment information, as well as Letter of Intent Date, Termination Dates, and Evaluation Dates, will be in our student management system (Focus). You can request for access to view these records online.
Student Social Security #: _____ Ethnicity: Yes ___ No ___ Hispanic or Latino?
Race: Yes ___ No ___ American Indian or Alaska Native
Yes ___ No ___ Asian
State of Birth: _____ Yes ___ No ___ Black or African American
Location of Birth: _____ Yes ___ No ___ Native Hawaiian or Other Pacific Islander
Country of Birth: _____ Yes ___ No ___ White/Caucasian

Return Form To:
Jennifer Barrs
Suwannee Virtual School Principal and Home Education Coordinator
415 SW Pinewood Drive, Live Oak, FL 32064
Office Phone: (386) 647-4243 • Fax: (386) 364-4698
•jennifer.barrs@suwannee.k12.fl.us
•svs@suwannee.k12.fl.u

This student has been determined by the school's CST/SST to exhibit a pattern of non-attendance according to F.S. 1003.26 1(b). If so, Parent has been informed and parent verbalizes understanding of the requirement of a Portfolio Review to be completed within 30 days of this intent. Admin Sign: _____ Parent Sign: _____ Date: _____ 1st Portfolio Review Due Date: _____