Office Use Only: Rcvd By_____ Date _____ Uploaded By _____ Date _____

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 _____ Date of Birth: _____

Grade: _____ Sex: _____ Race: _____ Picture Taken/Provided: _____

Last School Attended: _____ County: _____

I attest that this student resides in Suwannee County _____ Date enrollment begins: _____
initial here

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Email Address: _____ Cell Phone: _____

Home Address: _____
Street City State Zip Code

RETURN FORM TO:

Lisa Garbett
Suwannee Virtual School and Home Education Coordinator
305 SW Pinewood Drive, Live Oak, FL 32064
Office Phone: (386) 647-4243
lisa.garbett@suwannee.k12.fl.us

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

☐ Classes not interesting	☐ Family problems	☐ Employment	☐ Parenting
☐ Suspended too often	☐ Friends dropped out	☐ Illness	☐ Failing classes
☐ Intimidated/Threatened/Bullied	☐ Failed to pass FSA	☐ Expelled	☐ Migrant
☐ Did not like school	☐ Truancy/absenteeism	☐ Homeless	☐ Student/Teacher Conflict
☐ Migrant	☐ Marriage	☐ Other:	

☐ 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). The parent has been informed and verbalizes understanding of the requirement of a Portfolio Review to be completed within 30 days of this intent.

Admin Signature: _____ Parent Signature: _____ Date: _____

1st Portfolio Review Due Date: _____

Revised 11/30/21