Office Use Only: Date Rcvd: _____ Initial: _____ Process Complete: _____ Initial: _____

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.

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 #: _____

State of Birth: _____

Location of Birth: _____

Country of Birth: _____

Ethnicity: Yes___ No ___ Hispanic or Latino?
Race: Yes___ No ___American Indian or Alaska Native
Yes___ No ___Asian
Yes___ No ___Black or African American
Yes___ No ___Native Hawaiian or Other Pacific Islander
Yes___ No ___White/Caucasian

Return Form To:
Deidre "Dee Dee" McManaway
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
●deidre.mcmanaway@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: _____