

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 _____

Printed Name of Parent/Legal Guardian _____ I attest that this student resides in Suwannee County _____ 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:
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](mailto:deidre.mcmanaway@suwannee.k12.fl.us)
[●svs@suwannee.k12.fl.us](mailto:svs@suwannee.k12.fl.us)

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: _____