



**Home School Department**  
District Office: 352-955-7812

**Enrollment for Home Education**

Student Name (Last, First, MI)	Date of Birth	Gender	Race
Print Parent Guardian Name	Contact Number	* Email Address * <i>*Standardized testing information will be sent to this address</i>	
Mailing Address (Required)	City and State	Zip Code	
Residential Address	City and State	Zip Code	

Name of school student previously attended: \_\_\_\_\_

Has students previously been enrolled in ACPS Home School:  Yes  No

If yes, last date of enrollment or date of termination: \_\_\_\_\_  
mm/yyyy

Current START date of Home School enrollment: \_\_\_\_\_  
mm/dd/yyyy

Please check the box that applies to your educational goal:

- Parent Provided Curriculum  Florida Virtual School (FLVS)

**Florida Law requires parents to provide their local School Board with a letter of intent to home educate their child. Completing this form fulfills this requirement. (F.S., 1002. 41)**

**By completing and submitting this form, parents/guardians agree that they:**

- Currently reside of the above-mentioned residential address.
- Understand that an **Annual Evaluation will be due on or before the anniversary date of enrollment into ACPS Home School Education.**
- Understand that the **ACPS Home School Education Department DOES NOT:**
  - Issue a high school diploma, provide transcripts or grade promote.
  - Provide books, curriculum, or an instructional materials or resources.

**If you would like information about the district-provided virtual education program, Alachua eSchool, please call 352-955-7584**



\_\_\_\_\_  
*Parent Signature* \_\_\_\_\_ *Date*

Please email ([homeschool@gm.sbac.edu](mailto:homeschool@gm.sbac.edu)) or mail signed form to: **ACPS Home School Department**  
**Att: Ginger Stanford, Director**  
**620 East University Avenue**  
**Gainesville, FL 2601**