



Home School Department
District Office: 352-955.-7608 ext. 253
District Fax: 352-363-5184

Enrollment for Home Education

Student Name (Last, First, Middle)			Social Security Number (Optional)	Grade
Date of Birth	Gender	Race	Contact Number	Email Address * <i>*Please include if you choose to receive state standardized testing info.</i>
Mailing Address (Required)			City and State (Required)	Zip Code (Required)
Residential Address			City and State	Zip Code

Previous School Attended _____

Beginning Date of Home Education Program _____

Check box that applies to your educational goal:

- Parent Provided Curriculum Florida Virtual School (FLVS)

If you would like information about the Alachua eSchool
(the district provided virtual program) please call 352-955-7584



Parent Name (Print)	Parent Signature
Parent Phone	Parent Email

*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)*

Upon completing the form please email or send to: **Jejetta Lee** leejm@gm.sbac.edu
Home School Office
Alachua County Public Schools
2802 NE 8 Avenue
Gainesville, Florida 32641

Schools: Please attach a copy of this form to the student's portfolio attachment tab in Skyward.