

Hope Scholarship Notification Form

Pursuant to section 1002.40, Florida Statutes, the Hope Scholarship Program provides a public school student who was subjected to an incident of violence or bullying at school the opportunity to transfer to another public school with capacity or request a scholarship to attend an eligible private school.

By completing and signing this form, the principal is confirming that the incident was reported and that the parent is aware of the educational opportunities under the Hope Scholarship Program. The school should retain a copy and provide original document to the parent.

Student Information

Student Name: _____ Date of Birth: _____
FLEID: _____ Grade Level: _____
School of Enrollment and MSID: _____ School District: _____

Incident Information

Date and Time of Incident: _____ Date Incident Reported: _____
Place Incident Occurred: School playground
 School classroom
 School cafeteria
 School hallway
 School restroom
 On a school bus
 At a school bus stop
 At a school related/sponsored program or activity
 Other school location (please specify): _____
Incident Type: Battery
 Harassment
 Hazing
 Bullying
 Kidnapping
 Physical Attack
 Robbery
 Sexual offense
 Threat or intimidation
 Fighting

Confirmation of Hope Scholarship Notification

Principal or Designee Signature: _____ Date: _____
Email: _____ Phone Number: _____

To transfer your student to another public school please contact your school district office.

For more information on how to apply for the private school option, please visit www.floridaschoolchoice.org.