



Home School Department
District Office: 352-955-7622

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) or mail signed form to: ACPS Home School Department
Att: **John Green**
620 East University Avenue
Gainesville, FL 2601