

**Florida Department of Education
Office of Student Financial Assistance
FLORIDA BRIGHT FUTURES SCHOLARSHIP PROGRAM**

**HOME EDUCATION STUDENT
DISTRICT CONFIRMATION FORM**

This form is to certify that _____
(Print Student's First and Last Name)

was registered (to acknowledge compliance with the home education requirement

according to Section 1002.41, *Florida Statutes*) with the district of

__Alachua__ in his/her 11th & 12th grade years while

participating in a Home Education Program.

(District Superintendent, or Designee, Signature)

(Date)

(Name)

(Position)

(Phone Number)

Florida Department of Education
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