

Verification of Home Education Registration

As the legal parent or guardian, I verify that I have registered my son and or daughter with our resident county's home education office as a home education student. I understand that, per Florida Statutes 1002.37 and 1002.41, registering my child(ren) with our county Home Education office is required in order to take FLVS courses.

Below are the names and birthdates of the child(ren) I have registered:

Student's Full Name _____ Student's Date of Birth _____

Student's Full Name _____ Student's Date of Birth _____

Student's Full Name _____ Student's Date of Birth _____

Student's Full Name _____ Student's Date of Birth _____

Student's Full Name _____ Student's Date of Birth _____

Student's Full Name _____ Student's Date of Birth _____

Name of Each Parent/Guardian _____

Home Address _____

City _____ County/District _____

Parent/Guardian Signature _____ Date _____

Please return this form as documentation that you are already registered with your resident county Home Education office:

Fax: 407.513.3480 or Email: registrar@flvs.net

