

INTENT TO REGISTER FOR HOME EDUCATION
Fax completed form to:
Belinda McElroy, Exec. Dir. Of ESE & Student Services
Fax: 850-926-0125

*Date _____

Mrs. Belinda McElroy
Exec. Dir. ESE/Student Services
P. O. Box 100
69 Arran Road
Crawfordville, FL 32326

Dear Mrs. McElroy:

*I plan to provide home education for my child beginning _____
(Date)

*Legal name of student _____
(Student Legal Name)

*Birthdate _____ Current School Grade _____

Last School Attended _____ Grade _____

*Home Address _____
(Street/Apt #, City, State, Zip Code)

Mailing address if different from home address _____

Home Phone Number _____ Cell Phone Number _____

Work Number _____

E-mail Address _____

I am registering with the **Florida Virtual School** on line: ☐ Yes ☐ No

I would be willing to serve on a Truancy Review
Committee as a homeschool parent to review portfolios: ☐ Yes ☐ No

Printed Parent Name

***Parent Signature**

***Required**

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