

INTENT TO REGISTER FOR HOME EDUCATION  
Fax or email completed form to  
Belinda Crowson, Director of ESE & Student Services  
Fax: 850-926-0125 or email:  
Belinda.Crowson@wcsb.us

Date: \_\_\_\_\_

Mrs. Belinda Crowson  
Ex. Dir. ESE/Student Services  
69 Arran Rd  
Crawfordville FL 32327

Dear Mrs. Crowson:

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: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street/Apt.#, City, State and zip code)

Mailing address if different from home address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

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**