



NOTICE OF INTENT

30 East Texar Drive Pensacola, Florida 32503
Phone: (850) 469-5580 Email: schoolchoice@ecsdfl.us

Parent(s) Name(s): (please print or type)

_____ Check one) Mr. Mrs. Ms. Dr.
First MI Last

_____ Check one) Mr. Mrs. Ms. Dr.
First MI Last

Street Address (number and street) _____ City _____ State _____ Zip Code _____

Mailing Address (if different from street address) _____ City _____ State _____ Zip Code _____

*Home/Cell Phone 1 _____

*Work/Cell Phone 2 _____

*Parent Email Address _____

Student Name (First, MI, Last)	Birth Date	*Sex	*Last School Attended (Include City & State if Out-of-District)	*Special Program	*Current Grade	*FOCUS ID (if known)

*Fields are not required, but are requested.

Complete only **PART A Home School Option OR PART B Escambia Virtual Academy Option** below:

PART A – Home School Option

In accordance with Section 1002.41(1) of Florida Statute, I/we wish to establish and maintain a Home Education Program in Escambia County, Florida. **By selecting an Option from Part A, I understand that my student will NOT receive an ECSD high school diploma.**

- Traditional Home School Home School/PSC Dual Enrollment
 Florida Virtual School/FLVS Flex (Non Diploma) Escambia Virtual Academy (Non Diploma)

Note: A Proof of Residence is required for Dual Enrollment and all Escambia Virtual Academy options

PART B – Escambia Virtual Academy Option (Deadlines May Apply)

I/We wish to utilize Escambia Virtual Academy (EVA) for instruction. Failure to comply with all EVA policies will result in my student being removed from EVA and placed into Home School. **By selecting an Option from Part B, I understand that my student can receive an ECSD high school diploma.**

- EVA Elementary (Choose 1): Florida Virtual Fuel Education (Formerly k12)
 EVA Middle School EVA High School (Diploma Option)
 EVA/PSC Dual Enrollment (Texts Provided – Must Meet Minimum Requirements – Diploma Option)

If you are considering Escambia Virtual Academy or Florida Virtual School, **Parts I and II REQUIRED:**

I: Student Email Address: _____

II: Student Contact Phone: _____

My Student will will not participate in before and/or after school activities at the zoned school.

Zoned School: _____ Activity/Program: _____

(i.e. P.A.T.S., Athletics, Speech Therapy, or any other ECSD sponsored program) **If “will” is selected, Proof of Residency is required.**

Language Survey (Not required, but requested)

Ethnicity: Are you Hispanic/Latino? Yes No Language Spoken at home: _____

Race – Check at least one:

- African American American Indian/Native Alaskan Asian Native Hawaiian or Pacific Islander White

Is a language other than English used in the home? Yes No Did the student have a first language other than English? Yes No

Does the student most frequently speak a language other than English? Yes No

Parent’s Signature _____

Date of Signature _____