

**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 Full Name) (Date of Birth)

(Print Student's Full Address) (Daytime Telephone)

was registered (to acknowledge compliance with the home education requirement according to Section 1002.41, *Florida Statutes*) with the school district of

_____ in his/her 11th & 12th grade years while
(Print Name of District)

participating in a Home Education Program.

(District Superintendent or Designee Signature)

(Date)

(Print Name)

(Position)

Home Education Office Stamp

(561) 434-8052
(Telephone Number)

Florida Department of Education
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