

**Suwannee County School Board**  
**VERIFICATION OF HOME SCHOOL**

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

STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

To Whom It May Concern:

This letter is to verify that the above referenced student was enrolled in a Home Education program in Suwannee County on \_\_\_\_\_, and the parent/guardian is in compliance with Florida Statutes, Section 1002.41 (1)(c).

Sincerely,

(DISTRICT SEAL)

District Home School Official  
Superintendent or Designee