

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



PUBLIC SCHOOL DISTRICT PARENTAL NOTIFICATIONS

Family Empowerment Scholarship Notification Verification Form



District: _____

SECTION I – January 1 Notification Requirement

1. How did you notify parents by January 1 of this year? Please check all methods that were used.

2. What date was the notification distributed?

SECTION II – Contact Information and Signature

Please provide the name of the person who will be providing parents with information about the Family Empowerment Scholarships.

Scholarship Contact Name	Email Address	Phone
_____	_____	_____
Signature	Title	Date

By my signature below, I verify that our district has complied with the parental notification requirements of section 1002.394(7)(a), Florida Statutes.

Director's Signature

Date

Please sign and return this form to the Office of Independent Education and Parental Choice prior to February 1st by email to schoolchoice@fldoe.org or by fax at 850-245-0875.