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| **Hope Scholarship Notification Form** |

Pursuant to section 1002.40, Florida Statutes, the Hope Scholarship Program provides a public school student who was subjected to an incident of violence or bullying at school the opportunity to transfer to another public school with capacity or request a scholarship to attend an eligible private school.

By completing and signing this form, the principal is confirming that the incident was reported and that the parent is aware of the educational opportunities under the Hope Scholarship Program. The school should retain a copy and provide original document to the parent.

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| **Student Information** |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FLEID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Enrollment & MSID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_Leon\_\_\_\_\_

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| **Incident Information** |

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_ Time of Incident: \_\_\_\_\_\_\_\_\_\_ Date Incident Reported: \_\_\_\_\_\_\_\_\_\_

Place Incident Occurred (Check One): Incident Type (Check One):

\_\_\_\_\_ School playground \_\_\_\_\_ Battery

\_\_\_\_\_ School classroom \_\_\_\_\_ Harassment

\_\_\_\_\_ School cafeteria \_\_\_\_\_ Hazing

\_\_\_\_\_ School hallway \_\_\_\_\_ Bullying

\_\_\_\_\_ School restroom \_\_\_\_\_ Kidnapping

\_\_\_\_\_ On a school bus \_\_\_\_\_ Physical Attack

\_\_\_\_\_ At a school bus stop \_\_\_\_\_ Robbery

\_\_\_\_\_ At a school related/sponsored program or activity \_\_\_\_\_ Sexual Offense

\_\_\_\_\_ Other school location (Please specify): \_\_\_\_\_ Threat or Intimidation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Fighting

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| **Findings of School Investigation** |

School Investigation was: \_\_\_\_\_ Founded/Substantiated

\_\_\_\_\_ Unfounded/Unsubstantiated

\_\_\_\_\_ Investigation is ongoing

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| **Confirmation of Hope Scholarship Notification** |

Principal/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To transfer your student to another public school with capacity, call the School Choice Office at 850-561-8484.

For more information on how to apply for the private school option, please visit [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org).