



To Whom It May Concern:

This letter is provided as written parent/guardian consent for my student,

_____, to transfer the following courses from MyDistrict Virtual School (MDVS) to Florida Virtual School (FLVS):

Course Name	Course Segment

By requesting this transfer, I understand and agree to the following statements:

☐

My student should stop working in the FLVS course(s) immediately upon the transfer request being sent.

☐

Any work that is submitted after this request is submitted will not transfer to MDVS.

☐

I understand that MDVS may not accept progress for a course(s) with a failing grade and that my student may have to begin the course(s) again.

☐

I understand that the transfer of the gradebook from FLVS to MDVS could take up to two weeks since the new instructor will have to enter the grades in by hand.

☐

I understand that MDVS will assign and place my student's course(s) with a new instructor(s).

Parent/Guardian Signature

Date

Please return this form to your district contact.