Step 1
Log in to Your Focus Parent Account.

Step 2
Verify the current school year is selected. Click on Forms and select Regional Duval HomeRoom Request from the drop-down.

Step 3
Select the appropriate school from the drop-down and verify any populated information.

Complete the technology questionnaire.

When finished, click the Submit Request button.

If you have additional children participating in Duval HomeRoom, select their Name on the left, Child Info and repeat the process.
Regional Duval HomeRoom Distance Learning Request 2020-2021

Student Information:
Student Name: ___________________________  Student ID: ___________________________

Thank you for requesting to have your child scheduled in Regional Duval HomeRoom for the 2020-2021 school year.
By selecting the box below, you are providing the district permission to schedule your child in Duval HomeRoom for the 2020-2021 school year. You will have an opportunity to review your child's placement in Duval HomeRoom at the end of each quarter and request a schedule change to attend face-to-face at the school of enrollment at the end of each quarter.
Your child will remain enrolled at his/her current school, but will be scheduled with a full-time Duval HomeRoom teacher for distance learning.
All classes will take place during regular school hours and all students must be present for live sessions at the scheduled time.
Please note, if your selection takes place after the established deadline it will be processed based on available seat capacity.

Please select the Duval HomeRoom option below:
☐ Duval HomeRoom Full-Time (grades K-12) *Please note elective will be limited

To help us meet your child's technology needs, please answer the questions below:
1. Does your child currently have a laptop issued by the District? If no, answer question 2.  ○ Yes  ○ No
2. Will your child have access to a computer at home during the time they are attending Duval HomeRoom?  ○ Yes  ○ No
3. Does your child currently have a hotspot issued by the District? If no, answer question 4.  ○ Yes  ○ No
4. Will your child have Internet access during the time they are attending Duval HomeRoom?  ○ Yes  ○ No

Please review your contact information. If changes are needed, please do so in the fields below:
Parent/Guardian Name: ___________________________  Home Phone: ___________________________
Parent/Guardian Email: ___________________________
Cell Phone: ___________________________
Work Phone: ___________________________  EXT. ___________________________

By submitting this request, I understand that my child has the option of attending his/her school of enrollment for face-to-face instruction five days a week. I also understand the opportunity to request a schedule change from Duval HomeRoom to attending face-to-face at the school of enrollment will be available at the end of each quarter. Upon submitting this request, I am confirming my choice of the Duval HomeRoom option selected above for the student listed on this form.
☐ By checking this box, I verify I am completing this request for: ___________________________
Parent/Guardian: ___________________________  Request Date: ___________________________

If your parent account is not linked to your student, you may receive an error message. Please contact your child's school to verify that the parent user account you created, is linked to your child.

If you have questions or need additional support, please contact us at pga_support@duvalschools.org or visit us at www.duvalschools.org/focus