



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Request for Document Approval by Legal Services

DIRECTIONS: Allow two weeks for review and approval. **DO NOT** use "ASAP" for a required date. A specific due date is required. Your document may be returned for failure to complete the information below.

Date Submitted 04/24/07 Number of Copies Submitted 01

Name of Document Florida Virtual School Franchise License (USA ss)

School/Department Submitting Supplemental Educational Services

Contact Person Judith Klinek Telephone (561) 963 - 3876 PX 43876

Date Required 05/08/07 (DO NOT use "ASAP" - a specific date is required)

Is this a continuation/duplication of prior document? Yes No

If any changes, are they marked? _____

Is substance of document acceptable to your Assistant Superintendent or Director? Yes No

Are permits required? Yes No

Have required permits been obtained? Yes No N/A

Do you wish to pick up document? Yes No Pony? Yes No

Comments:

This document is needed to implement an online credit recovery/acceleration program for the district starting in August 2007.

5/4- Returned w/ comments
Add Form 2220

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Judith Klinek
SIGNATURE OF DEPARTMENT HEAD OR AREA EXECUTIVE

4/24/07
DATE

Attorney Assigned [Signature]

Date of completion by Attorney 5/24/07