



DUAL ENROLLMENT

HIGH SCHOOL DUAL ENROLLMENT HOME EDUCATION PROGRAM

VERIFICATION OF COUNTY HOME EDUCATION REGISTRATION (completed by County Official)

Student Name

The above named student is appropriately registered as a home education student with the _____ (Gadsden, Leon, or Wakulla) County School District. Based on the annual required educational evaluation, the above named student has demonstrated educational progress at a level commensurate with the _____ grade. The above named student will matriculate through the dual enrollment program based on the equivalent public school cohort and will graduate on _____.

Signature of School District Official

Title

Date

RECOMMENDATION OF HOME EDUCATION PROGRAM OFFICIAL (completed by Parent/Guardian)

I, _____ (Parent/Guardian's Name) do hereby testify that I am the (Mother, Father, Legal Guardian) of the student named above and I can certify and provide documentation that the student is enrolled in a home education program as defined in Florida Statutes 232.02. I understand that he or she will matriculate through the dual enrollment program based on the equivalent public school cohort and is allowed up to 3 semesters per grade level.

Signature of Home Education Official

Date

DUAL ENROLLMENT ADVISOR

Signature

Date

**Submit completed form to the Dual Enrollment Advisor, TSC Admissions & Records Office
www.tsc.fl.edu/dualenrollment**

March 2024

Submit with Affidavit of Home School Completion Form upon high school graduation if attending TSC