ST. JOHNS RIVER STATE COLLEGE
DUAL ENROLLMENT/EARLY ADMISSION
APPROVAL FORM FOR
HOME SCHOOLED SECONDARY STUDENTS

NAME: _____

ADDRESS: _____
Street City

_____
County State Zip Code

COUNTY SCHOOL BOARD ENROLLED WITH: _____

HOME SCHOOL PROGRAM ENROLLED WITH: _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

P. E. P.
Personalized Education Program
Scholarship Award Details

TO: ST. JOHNS RIVER STATE COLLEGE

DATE: _____

STUDENT NAME _____

Scholarship: _____ School Year: _____

AWARD ID: _____

Parent Signature: _____

For SJR State Use Only:

____*Approved* ____*Denied* _____
Signature of Director of Dual Enrollment

Rev: 4/25/2025