

**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: _____

**VERIFICATION THAT THE STUDENT IS REGISTERED
WITH THE DISTRICT SCHOOL BOARD**

TO: ST. JOHNS RIVER STATE COLLEGE

DATE: _____

STUDENT'S FLORIDA I.D.; _____

LEGAL NAME: _____

Last

First

M.I.

ADDRESS: _____

Street

City/State

Zip Code

VERIFICATION THAT THIS STUDENT IS REGISTERED WITH (CHECK ONE):

CLAY COUNTY SCHOOLS

PUTNAM COUNTY SCHOOLS

ST. JOHNS COUNTY SCHOOLS

Signature of District Representative/Office of Student Services

For SJR State Use Only:

Approved

Denied

Signature of Director of Dual Enrollment