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*