|  |
| --- |
| Madison County Homeschool Application |
| Previous School: Grade Level Last Completed: |
| Student’s Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last: First Middle Suffix  Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_  Month Date Year |
| Parent Guardian Information: |
| Student lives with:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal Guardian Relationship    House #:\_\_\_\_\_\_ Street Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #:\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State:\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Primary Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Have you ever conducted homeschool in Madison County? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Acknowledgement |
| I am registering my child to participate in Homeschool. I have read and fully understand the provision of Section 1002.41 and 1002.01, Florida Statutes procedures pertaining to compliance and enforcement of Home Education. The information contained herein is accurate and true to the best of my knowledge.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Date |