

Madison County Homeschool Application

Previous School:

Grade Level Last Completed:

Student's Full Legal Name:

Last:

First

Middle

Suffix

Date of Birth ____/____/____
Month Date Year

Gender _____

Race _____

Grade _____

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