

**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*

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*For SJR State Use Only:*

☐ *Approved*

☐ *Denied*

\_\_\_\_\_  
*Signature of Director of Dual Enrollment*