

**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: \_\_\_\_\_

-----

**P. E. P.  
Personalized Education Program  
Scholarship Award Details**

TO: ST. JOHNS RIVER STATE COLLEGE

DATE: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

Scholarship: \_\_\_\_\_ School Year: \_\_\_\_\_

AWARD ID: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

-----

*For SJR State Use Only:*

\_\_\_\_\_*Approved*

\_\_\_\_\_*Denied*

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