



# Home Study Part-time Enrollment

## Participation Declaration for Middle School and High School

SY \_\_\_\_\_ (Please use ##-## format for SY)

The Savannah Chatham County Public School System (SCCPSS) recognizes home study students will be afforded the opportunity to participate in extracurricular and interscholastic activities in the student's resident public school system. *In accordance with Senate Bill 42: "The Dexter Mosley" Act, a home school student may enroll in a qualifying course at his/her designated school within the attendance area of the student's custodial parent's primary residence and participate in extracurricular or interscholastic activities, subject to certain terms and conditions.*

### Demographic Information

Student Name: \_\_\_\_\_ Parent (Guardian) Name: \_\_\_\_\_

Public School of Residence: \_\_\_\_\_ SY \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home School: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Extracurricular/ Interscholastic activities sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Enrollment Acknowledgement

- I understand my student must be registered, and this declaration and the information required prior to enrollment must be submitted to the school of residence 30 days prior to participation.
- I understand I must provide my student's most recent annual progress report, with written verification by the home study program instructor that my student is currently receiving a passing grade in each home study program course, is maintaining satisfactory progress towards advancement and meets the academic requirements for participation.
- I understand my student must maintain enrollment in at least one qualifying course per semester to remain eligible for Extracurricular/ Interscholastic activities.
- I understand my student must adhere to attendance requirements as contained in the SCCPSS Student/Code of Conduct.
- I understand my student must meet the same age, academic, zoning and other rules and regulations and other eligibility requirements as apply to full-time public-school students (accumulated units, units passed previous semester, etc.) for participation in the specified extracurricular or interscholastic activity.
- I understand my student must reside in the attendance area of the primary residence of his/her custodial parent or guardian.
- I understand my student must follow the SCCPSS Student Code of Conduct.
- I understand a student who withdraws from SCCPSS to home school full-time will result in the loss of eligibility for one calendar year.
- I understand under this program my student is ineligible to graduate from the SCCPSS.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_