



DISTRICT SCHOOL BOARD OF PASCO COUNTY  
**HOME EDUCATION PROGRAM**  
**Student/Parent Agreement for Enrollment in Coursework**  
**Required for Extra-Curricular Activity or CTE Courses**  
**Leading to Industry Certification**  
**Form valid for only one (1) school year.**

**Guidelines:**

By Florida State Statute, students registered in a home education program may enroll in the district assigned public school of attendance for the purposes of coursework for participation in extracurricular activities, CTE courses leading to industry certification. Student(s) must adhere to the following guidelines.

1. Students are required to meet the registration criteria of Pasco County Schools.
2. Participation in the extracurricular activity, program, or course may have participation requirements as determined by the activity sponsor, instructor, and/or athletic coach.
3. The student must abide by all rules and regulations in the Pasco County School District's [Student Code of Conduct](#), including regulations for parking and driving on campus.
4. The student must arrive at and depart from the campus according to times designated by the school administration.
5. The parent is responsible for the student's transportation.
6. The student/family is responsible for any course related fees charged to full-time students enrolled in the same course.

**To be completed by Parent/Guardian and Student:**

*My home education program is registered with Pasco County Schools and is compliant with State Statute 1002.41. I have read and agree to abide by the above guidelines for enrollment in secondary coursework on a part-time basis.*

Signature of Parent: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_ Student Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

**To be completed by School Administrator or Designee:**

\_\_\_ The student's enrollment was verified in myStudent as required with Pasco County Schools as a home education student.

\_\_\_ The above guidelines were reviewed in conjunction with current Board approved Student Code of Conduct, and a copy was provided to the Parent/Guardian and Student.

Request:       Approved       Denied (Reason): \_\_\_\_\_

School Name: \_\_\_\_\_ School Year (valid for 1 school year): \_\_\_\_\_

Extracurricular Activity / CTE Industry Program: \_\_\_\_\_

Required Course for participation: \_\_\_\_\_

Name of School Administrator/Designee (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Administrator/Designee: \_\_\_\_\_

E-mail completed form to Home Education Program: [homeed@pasco.k12.fl.us](mailto:homeed@pasco.k12.fl.us)  
DISTRIBUTION: Home Education Program, School, Parent/Guardian and Student