	<b>POLA</b> DLLEGE		Affidavit	3094 Indian Cir	Admissions and Records rcle, Marianna, FL 32446 11 Fax (850) 718-2287
Print Student Name					
	First	Mide	dle	Last	
SSN	Da	ate of Birth		Date of Graduation	۱
Name of last public hig	h school attended _				Grade
COMPLETE THE BOX THA	T APPLIES TO THE ST	UDENT'S HOME SCH	IOOL EXPERIENCE.		
		SCHOOLED AT H	OME IN FLORIDA		
Florida Statutes 100 Florida Statutes 100	2.01(1). I certify tha 3.21(1)(a) and 1003.0	it my child, named 1(13)(d) and has su	l above, has met th accessfully graduate	a home education prog ne school attendance p d from a home education he local secondary school	olicy as defined in on program that is
Home School Official (Parent's) Signature				Date	-
PRIVA	TE SCHOOL OFFERI	NG HOME SCHOO		TY OR SUPPORT SERV	ICES
offering home scho named above, has r instruction and that	ol accountability and eceived a valid secor this school is licensed	support services in idary education thr by the state of	n the state of ough the following (Pr	bugh the services of a p I cer school in conjunction v rovide an official high so	tify that my child, vith parent-guided chool transcript.)
	Home School Official (Par	ent's) Signature		Date	-
		SCHOOLED AT HO	ME OUT-OF-STAT	E	
attendance policy as a home education pr	uted on behalf of m from the state of defined by ogram that is in com	y son/daughter who  statute of the st pliance with the sta	o was educated in a I certify that my o ate of te law. <i>(Provide pro</i>	a home education prog child, named above, ha and has successfu pof of registration with a atute defining home sch	as met the school Illy graduated from the local secondary
	Home School Official (Parent's) Signature				-
		NOTARIZATION	I OF SIGNATURE		
Home School Official (Par	ent's) Signature	Date	 Student's Sign	ature	Date
NOTARY SEAL: Sta			_		
Sworn to and subscribed					
The affiant is personally k				cation.	
This person has signed th					