



Certificate of Enrollment

School Year: _____ County: _____

Student Name: _____ Date of Birth: _____

Street Address: _____

Phone: _____

Parent, Guardian, or Custodian: _____

Mailing Address: _____

Type of Education Program

☐

Home Instruction

☐

Home Instruction – Online Program

☐

Private School

☐

Private School – Online Program

Simple description of educational program for home

instruction: _____

Signature of Parent, Guardian, or Custodian

I have signed the enrollment electronically (type signature) ☐

Date

Signature of School Official (Charter/Non-Public)

I have signed the enrollment electronically (type signature) ☐

Date

Public School District: _____

Please email completed form to: homeschool@mdek12.org

Central High School
Building 359 North West
Street
P.O. Box 771
Jackson, MS 39205-0771

Phone (601) 359-5743
www.mdek12.org