

Certificate of Enrollment

School Year: _____ County: _____

Student Name: _____ Date of Birth: _____

Street Address: _____

Phone: _____

Parent, Guardian, or Custodian: _____

Mailing Address: _____

Email 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

Date

I have signed the enrollment electronically (type signature)

Public School Name: _____

Public School District: _____

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

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