

# CITIZENS HIGH SCHOOL



1590 Island Lane, Suite 44• Fleming Island, Florida 32003• (904) 276-1700 Fax: (904) 276-6702

**DATE:**

**To: The Parent/Guardian of:**

**Student**\_\_\_\_\_ **Student No.**\_\_\_\_\_

**From: Dr. James Etter, Principal**

**Re: Home School Credits - Grades Nine Through Twelve**

Citizens provides an opportunity for students who have completed high school coursework through home education to earn an accredited high school diploma through Citizens High School. A minimum of sixteen(16) units of credit must be completed in order to receive a diploma from Citizens High School. Up to twelve(12) previously completed credits approved by Citizens may be applied toward the required sixteen units. At least four(4) units of credit must be completed with Citizens in order to receive a Citizens High School diploma.

**In order for a student to receive credit for courses completed through home education, the student's parent or legal guardian must provide the information listed below. All three forms must be complete and signed before homeschool credits will be evaluated for acceptance.**

- 1) A completed and signed **Home School Grade Transcript** (form enclosed) of the student's performance and credits earned through homeschool for grades nine through twelve;\*
- 2) A completed and signed **Home School Curriculum Validation** (form enclosed) listing the educational materials used for each homeschool subject completed in grades nine through twelve;
- 3) A completed and signed **Home School Education Evaluation** (form enclosed) of the student's homeschool academic progress in grades nine through twelve.

\* Only those credits earned through an unaccredited high school or a homeschool program administered by a parent/guardian where the educational records are maintained by the parent/guardian should be reported on this transcript. If the student has earned additional credits through an *accredited* public or private high school, or through an *accredited* distance education high school (like Citizens High School), where assessment of progress and grading are provided by the school and all educational records are maintained by the school, an official grade transcript, signed by a school official from that school should accompany these validation forms.

**Important note:** For those students who are dually-enrolled in Citizens High School and another public or private high school or a homeschool, please include a list of subjects the student is currently taking forced it through this other school for transfer to Citizens. This will prevent possible duplication of course work when a final determination is made of the subjects the student must complete for a Citizens High School diploma.

***Accredited by the Distance Education Association Commission***

# HOME SCHOOL GRADE TRANSCRIPT

<u>SCHOOL OF RECORD</u>	<u>STUDENT INFORMATION</u>
School Name _____	Name (Last, First, Middle) _____
School Address _____	Address _____
City, State, Zip Code _____	City, State, Zip Code _____ ( ) _____
School Telephone Number _____	Telephone Number _____
School FAX Number _____	Birth Date _____ Birth Place _____
District Name _____	q Male _____ q Female _____ Social Security Number _____
Entry Date _____ Withdraw Date _____	Parent/Guardian Name _____

**Academic Record:** Two Semesters/full academic year subject = 1.0 credit; One Semester/one-half academic year subject = 0.5 credit

GRADE: 9     ___/___ to ___/___ Mo Yr                          Mo Yr	GRADE: 10     ___/___ to ___/___ Mo Yr                          Mo Yr
Subject	Subject
Sem. Grade	Sem. Grade
1   2	1   2
Cred Earn	Cred Earn
Total Credits	Total Credits

GRADE: 11     ___/___ to ___/___ Mo Yr                          Mo Yr	GRADE: 12     ___/___ to ___/___ Mo Yr                          Mo Yr
Subject	Subject
Sem. Grade	Sem. Grade
1   2	1   2
Cred Earn	Cred Earn
Total Credits	Total Credits

Record of School Attendance			<u>Explanation of Grading System</u>	<u>Program of Study</u>	<u>Certification/Authorized Signature</u>
School Year	Days School in Session	Days Absent	A = _____ B = _____ C = _____ D = _____ F = Below _____	D Honors DCollege Prep D General D Vocational DBusiness	By my signature I certify that the information contained on this grade transcript is accurate and complete.  HomeSchool Parent/Guardian Signature _____ Date _____  Evaluating Teacher Signature _____ Date _____

# HOME SCHOOL CURRICULUM VALIDATION

## • STUDENT INFORMATION •

Student Name (Last, First, Middle) \_\_\_\_\_ q Male  
q Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number Fax Number Parent/Guardian Name

### **Certification/Authorized Signature**

*By my signature I certify that the information contained on this Home School Curriculum Validation is accurate and complete.*

Home School Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### EDUCATIONAL MATERIALS

**GRADE 9** \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo Yr Mo Yr

\_\_\_\_\_ Subject Title \_\_\_\_\_ Text Title \_\_\_\_\_ Text Publisher \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

**GRADE 10** \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo Yr Mo Yr

\_\_\_\_\_ Subject Title \_\_\_\_\_ Text Title \_\_\_\_\_ Text Publisher \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

Grades 11 and 12 are continued on the back

**HOME SCHOOL CURRICULUM VALIDATION**

**EDUCATIONAL MATERIALS**

**GRADE 11**           /        to        /         
                    Mo    Yr                    Mo    Yr

\_\_\_\_\_ Subject Title \_\_\_\_\_ Text Title \_\_\_\_\_ Text Publisher \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_

**GRADE 12**           /        to        /         
                    Mo    Yr                    Mo    Yr

\_\_\_\_\_ Subject Title \_\_\_\_\_ Text Title \_\_\_\_\_ Text Publisher \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_

# HOME SCHOOL EDUCATION EVALUATION

**DIRECTIONS:** The homeschool education program provided by a parent/guardian must be reviewed by an independent, third-party evaluator. This evaluator: (1) may be chosen by the parent/guardian and (2) *must* be a current, state-certified teacher from a public school or an accredited/licensed private school. **Section I and Section II** below are to be completed *by the chosen evaluator*, who shall certify the student's progress based on the review of the student's complete educational portfolio for each academic year as reported on the Home School Grade Transcript and discussion with the student and the parent/guardian.

• STUDENT INFORMATION •

Student Name (Last, First, Middle)	q Male q Female	Birth Date	Social Security Number
Parent/Guardian Name	City, State of Student Residence		

**SECTION I:** *To be completed by the evaluating teacher who signs in Section II.*

I certify the student has been instructed in the required subjects for the required time as defined by local and state statutes governing homeschool students in the state of the student's residence, and an appropriate education is occurring in the home education program. **I have reviewed the Home School Grade Transcript, and by my signature on the transcript, concur with the credits given per academic year.** Based on the student interview and review of the student's complete educational portfolio, the student has demonstrated sustained progress in the overall homeschool program in the following grade level(s):

<u>Grade Level:</u>	<u>Academic Year dates:</u>	<u>Total Credits earned:</u>
<input type="checkbox"/> 9th	from month/year ____/____ to month/year ____/____	_____
<input type="checkbox"/> 10th	from month/year ____/____ to month/year ____/____	_____
<input type="checkbox"/> 11th	from month/year ____/____ to month/year ____/____	_____
<input type="checkbox"/> 12th	from month/year ____/____ to month/year ____/____	_____

This evaluation took place on \_\_\_\_/\_\_\_\_/\_\_\_\_ and was conducted by \_\_\_\_\_.  
(date) (Signature)

**SECTION II:** *To be completed/signed by the evaluating teacher who completed Section I.*

***\*Please attach a copy of the state teaching certificate to this form.***

**State Certified Teacher**

Teacher's name (please print)	Signature of teacher	____/____/____ Date
Current certificate number*	State	____/____/____ Expiration date