



# Home School Student / Parent Guidance Dexter Mosley Act - Participation Declaration

No Home School Students should attend workouts, practices, or competitions until they are fully enrolled with BCSS.

In accordance with "The Dexter Mosley Act," a home school student may enroll in a qualifying course at his/her designated school within the attendance area of the student's custodial parent's primary residence and participate in extracurricular or interscholastic activities.

## Demographic Information

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

School currently enrolled in: \_\_\_\_\_ Grade Level: \_\_\_\_\_

BCSS School of Residence: (Circle one) BCMS RMS WMS HMMS AHS WBHS

Permanent Address, City, Zip: \_\_\_\_\_

Phone/Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Sports/Activities: \_\_\_\_\_

## Enrollment Acknowledgement

\_\_\_ I understand this declaration must be submitted to the school of residence 30 days prior to participation.

\_\_\_ I understand my student must maintain enrollment in one course per semester to remain eligible for extracurricular and interscholastic athletics.

\_\_\_ I understand my student must adhere to attendance requirements per BCSS Student/Parent Handbook.

\_\_\_ I understand my student must meet the same eligibility requirements as full-time BCSS students (accumulated units, units passed the previous semester, etc.).

\_\_\_ I understand my student must reside in the attendance area of his/her custodial parent's primary residence.

\_\_\_ I understand my student must attain approval to participate at Barrow Arts and Sciences Academy (BCSS Choice High School) OR must participate in the school of residence.

\_\_\_ I understand my student must follow the BCSS Code of Conduct.

\_\_\_ I understand withdrawal of my student from BCSS to home school full-time will result in the loss of eligibility for one calendar year.

\_\_\_ I understand my student is ineligible to participate in the BCSS graduation.

\_\_\_ I understand my student must attain Pre-Participation Physical Evaluation

\_\_\_ I understand my student must be enrolled in the Barrow County School System (BCSS).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_