

HILLSBOROUGH COMMUNITY COLLEGE
Home Education Dual Enrollment Agreement

INSTRUCTIONS: The Home Education Program Official completes this page, and e-mails scanned copies of this form to dualenrollment@hccfl.edu, faxes copies to (813) 253-7061, or delivers them to HCC Dual Enrollment, P.O. Box 31127, Tampa, Florida, 33631-3127.

Terms of the Agreement and Signature Page

This Agreement is made by and between Hillsborough Community College and the Home Education Program Official,

_____ and on behalf of
Name of Parent/Guardian (Home Education Program Official)

_____, _____
Name of Student Address

By signing this Agreement, the Home Education Program Official acknowledges that he/she has read and understands the Home Education Dual Enrollment Agreement and its requirements and agrees to abide by the policies and procedures in the Agreement. This Agreement between the Home Education Program Official and Hillsborough Community College is subject to annual review. This Agreement shall continue to be in full force until the end of the home school student's eligibility or canceled by either party in writing. Such cancellation shall be sixty (60) days in advance and shall take effect no sooner than the end of the next Hillsborough Community College academic term.

Signature: Home Education Program Official

Date

Signature: Home Education Student

Date