

## Certificate of Enrollment

School Year: \_\_\_\_\_ County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

911 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  
*I have signed the enrollment electronically (type signature)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official  
*I have signed the enrollment electronically (type signature)*

\_\_\_\_\_  
Date

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

## NOTE:

The parent/legal guardian must email  
this form to Ms. Leah Box at

[lbox@mdek12.org](mailto:lbox@mdek12.org)