

Parent or Administrator Name: Parent or Administrator Signature: PARTMENT OF EDUCATION RECOGNITION ▼ In accordance with the U.S. Department of Education (34 CFR § 668.32(e)(4).), the above stude (check one): □ Obtained a secondary school completion credential as provided by state law □ Completed a secondary education program in a home school setting according to state law
Parent or Administrator Signature: PARTMENT OF EDUCATION RECOGNITION ▼ In accordance with the U.S. Department of Education (34 CFR § 668.32(e)(4).), the above studer (check one): ☐ Obtained a secondary school completion credential as provided by state law ☐ Completed a secondary education program in a home school setting according to state law
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rionic ochool organization (il arry).
Address of Home School Organization:
NUMBER AND STREET OR ROUTE AND BOX
CITY STATE/PROV POSTAL/ZIP COD
☐ 9 th ☐ 10 th ☐ 11 th ☐ 12 th Please list activities and honors pertaining to the student: