



Home School Student / Parent Guidance  
Dexter Mosley Act - Participation Declaration  
2023-2024

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

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, subject to certain terms and conditions.

**Demographic Information**

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

Home School Program: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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 I must provide my student's most recent annual progress report, with written verification by the home study program instructor that my student is currently receiving a passing grade in each home study program course, is maintaining satisfactory progress towards advancement and meets the academic requirements for participation.

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

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

\_\_\_\_\_ I understand my student must meet the same eligibility requirements as full-time PCSD 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.



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

\_\_\_\_\_ I understand withdrawal of my student from PCSD 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 PCSD graduation.

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

\_\_\_\_\_ I understand my student must be enrolled in the Pickens County School District (PCSD).

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

Date: \_\_\_\_\_