SOUTH HAMILTON COMMUNITY SCHOOL DISTRICT
Form B - Home School Assistance Program (HSAP) and Dual Enrollment Application

Student's Name _____ Date of Birth _____

Parent/Guardian Name(s) _____ Email Address _____

Phone _____ Address _____ City _____ State _____ Zip _____

Home School Assistance Program

Do you want to participate in South Hamilton CSD's Home School Assistance Program under the direction of a licensed teacher?

- ☐ Yes
- ☐ No

If yes above, list the licensed teacher on Form A. You may choose to utilize the district-provided teacher (Mrs. Patty Willadsen - Folder Number 303792) or list your own.

Dual Enrollment

Do you want to dual enroll at South Hamilton CSD for access to academic classes and/or extracurricular programs?

- ☐ Yes
- ☐ No

If yes, dual enrollment is for:

- ☐ Academics - List on Form A in semester schedule format as possible.
  - List On-Site Classes Requested: _____
  - List Senior Year Plus (College) Courses Requested: _____
- ☐ Extracurricular
  - List Activities Requested: _____
- ☐ Special Education Services

Other

Do you want your child to take the Iowa Statewide Assessment of Student Progress in the spring of 2025?

☐ Yes ☐ No

Do you want your child to borrow a district-selected Chromebook for educational use at home?

☐ Yes ☐ No

We agree to assume responsibility for the instruction of the child listed above and understand that participation in the HSAP and/or dual-enrollment does not qualify my child to graduate from South Hamilton CSD.

Parent/Guardian(s) Signature _____ Date _____

Please return this form and a copy of Form A by September 1 or within 14 days of withdrawing from school to:
South Hamilton Central Office, 315 Division St, Jewell, IA 50130.