Florida School Music Association  
Home Education Student Verification Form  
Verification of Student Registration with Public School District Home Education Office  
Section A of this form must be completed by student’s parent/legal guardian. Section B must be completed by the School District Home Education Office Coordinator and the completed form must be presented to the school or the Home Education Community Music Cooperative at which the student wishes to participate. This form must be completed each year. Address questions to kdsanz@flmusiced.org.

SECTION A: To be completed by the Parent/Legal Guardian (please print)

TO: Florida School Music Association  
FROM: __________________________ County School District Home Education Office  
DATE: __________________________, 20______  
RE: Student {student’s full name} __________________________  
Student’s Date of Birth {mm/dd/yyyy} ________/______/_______  
Home Address ____________________________________________  
Street Address ____________________________________________  
City ____________________________________________  
Zip Code ____________________________________________  
Daytime Telephone Number (____) ____________________________  
Student wishes to participate at {name of school or Home Education Community Cooperative}:

________________________________________

SECTION B: To be completed by the School District Home Education Office Staff

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} __________________________, 20______

This student’s annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

☐ Yes ☐ No  

Date: __________________________, 20______  

This student is a new Home Education student, the date of his/her annual evaluation will be: __________________________, 20______

If you have questions or need additional information concerning this matter, please call the School District Home Education Office at:

{telephone number} (____) __________________________

________________________________________ / __________________________  
Signature of District Home Education Coordinator Date

FOR DISTRICT OFFICE USE ONLY

________________________________________
Printed Name of District Home Education Coordinator