



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} (____) _____

_____/____ Date
Signature of District Home Education Coordinator

Printed Name of District Home Education Coordinator

FOR DISTRICT OFFICE USE ONLY