



Florida School Music Association

Registration Form for Home Education Student

The student and parent/guardian must annually complete, sign in the presence of notary public, and submit this form to the school or home education music cooperative community organization at which the student wishes to participate by the deadline established on the FSMA Calendar for the music activities in which the student wishes to participate and only needs to be once per school. Address questions to info@floridaschoolmusic.org.

SECTION A

1. Name of student _____ Birth Date {mm/dd/yyyy} ___/___/___ Grade _____
Home address _____ Home Phone (____) ____ - _____
2. Student resides in and is legally registered as a home education student in the _____ County School District
3. Student wishes to participate in interscholastic extracurricular music activities at {name of school cooperative}:

This is the public school the student is zoned to attend Yes No

Student wishes to participate in the following interscholastic music activities at this school or cooperative (list all):

4. Student was enrolled in the ____ th grade during the pervious school year at {check and complete the one that applies}:
 {name of school} _____ in {city} _____
 A home education program in the _____ County School District
5. Student first entered the 9th grade on, if applicable {mm/dd/yyyy} ___/___/___
6. Student's Instrument or Voice Part: _____

Transcripts or records of grades must be attached. Transcripts or records must include all schools attended whether public, private, virtual, home education or other. Grades must be calculated using the “alpha” system (A, B, C, D, and F).

SECTION B

Please check the appropriate boxes in the following section. The above student is enrolled in the following courses for the
 first semester of the current school year OR for the second semester of the current school year:

Subject (list each)	Location where course is taken (please check the appropriate boxes)				
1.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School <small>(identify school)</small>	<input type="checkbox"/> Dual Enrollment <small>(identify college/university)</small>	<input type="checkbox"/> Other <small>(identify)</small>
2.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School <small>(identify school)</small>	<input type="checkbox"/> Dual Enrollment <small>(identify college/university)</small>	<input type="checkbox"/> Other <small>(identify)</small>
3.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School <small>(identify school)</small>	<input type="checkbox"/> Dual Enrollment <small>(identify college/university)</small>	<input type="checkbox"/> Other <small>(identify)</small>
4.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School <small>(identify school)</small>	<input type="checkbox"/> Dual Enrollment <small>(identify college/university)</small>	<input type="checkbox"/> Other <small>(identify)</small>

5.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School _____ (identify school)	<input type="checkbox"/> Dual Enrollment _____ (identify college/university)	<input type="checkbox"/> Other _____ (identify)
6.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School _____ (identify school)	<input type="checkbox"/> Dual Enrollment _____ (identify college/university)	<input type="checkbox"/> Other _____ (identify)
7.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School _____ (identify school)	<input type="checkbox"/> Dual Enrollment _____ (identify college/university)	<input type="checkbox"/> Other _____ (identify)
8.	<input type="checkbox"/> Solely by Parent	<input type="checkbox"/> FLVS or Dist. Virtual School	<input type="checkbox"/> Public/Private School _____ (identify school)	<input type="checkbox"/> Dual Enrollment _____ (identify college/university)	<input type="checkbox"/> Other _____ (identify)

Is the student receiving any form of educational services from any other school (i.e., a correspondence school, private school, or virtual school, etc.) other than home education as defined in S.1002.41, Florida Statutes? Yes No

If yes, answer the following (use reverse side if more than one school):

(a) Name, address, and phone number of the school providing the student with these services:

(b) Are attendance records kept for this student? Yes No

(c) Are transcripts kept for this student? Yes No

(d) Will this student be awarded a diploma? Yes No

SECTION C

We understand that through this document that we are registering (student’s name) _____’s intent to participate in interscholastic extracurricular music activities only in the activity(s) listed above for this member cooperative of the Florida School Music Association (FSMA). We, therefore, agree that this student will be subject to and abide by all FSMA rules, as well as the regulations of the music cooperative or school, pertaining to interscholastic extracurricular music activity participation. We also understand that if the student is ineligible, the student may cause the ensemble of which he/she is a member to be disqualified. We understand that a student is considered to represent an ensemble in music performance assessments if the student is dressed in ensemble attire, eligible, and available to participate. **We understand that we are swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement will disqualify the student from participation.**

 Signature of Student / _____
 Date

 Printed Name of Student

 Signature of Parent/Legal Guardian / _____
 Date

 Printed Name of Parent/Legal Guardian

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on {date} _____

[Notary Seal:]

 Signature of Notary

 Printed Name of Notary

NOTARY PUBLIC
 My commission expires: _____, 20____,

Personally known to me _____
 OR Produced Identification _____
 Type of Identification Produced _____

Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.