



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 annually. Address questions to info@floridaschoolmusic.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

\_\_\_\_\_  
Printed Name of District Home Education Coordinator

**FOR DISTRICT OFFICE USE ONLY**