



Florida School Music Association
Private School Student Verification Form

Verification of Student Registration with Private School and access to music classes.

Section A of this form must be completed by student's parent/legal guardian. **Section B** must be completed by an administrator at the Private School and the completed form must be presented to the school or the Home Education 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: _____ Private School 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 Music Cooperative}:

SECTION B: To be completed by the Private School Staff

Our records reflect that this student is registered with the Private School since:

{original date of registration} _____, 20_____

The Private School offers the following music classes (*check all that apply*):

- General Music
- Band
- Choir
- Orchestra
- Other Course Name: _____
- No music classes are offered

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

{telephone number} (____) _____

_____/_____
Signature of Private School Administrator Date

Printed Name of Private School Administrator