#### Florida School Music Association

Revised 07/24

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#### **Registration Form for Home Education Student**

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the music activity in which the student FLORIDA SCHOOL MUSIC ASSOCIATION wishes to participate and only needs to be submitted one time per school.

SF	ECTION A:		
1.	Name of student	Birth Date {mm/dd/yy}//_	Grade in schoolth
	Home address	Home phone number (	)
2.	Student resides in and is legally registered as a home educatio	n student in the	County School District
3.	Student wishes to participate in interscholastic music at {name	e of school}	
	This is the public school the student is zoned to attend [ Ye	es][ No] This school a private scho	ool [ Yes][ No]
	Student wishes to participate in the following music program(s	s) at this school(list all)	
	Student was enrolled in theth grade during the previous s		
	{name of school}	in {city}	
	A home education program in the	County School District	
5.	Student first entered the 9th grade on, if applicable $\{mm/dd/yy\}$	<i>'</i> }/	
	This student has maintained a cumulative GPA of 2.0 or above	on a 4.0 unweighted scale since entering	9th grade OR
	the previous semester for (for grade $6-8$ ) [ Yes][ No]	I	
pe GI co SE Th	ale as mandated by § 1003.437, F.S., must be used: grade "A" ercent and has a GPA value of 3; grade "C" is 70 to 79 percent PA value of 1; and grade "F" is 0 to 59 percent and has a GPA pay of the previous semester transcript or record of grades.  ECTION B:  The above student is enrolled in the following courses for the [] PA) OR for the [] second semester of the current school y	at and has a GPA value of 2; grade "D" is a value of 0. If the student has not yet en ] first semester of the current school yet	s 60 to 69 percent and has a stered the 9th grade, attach a ear (for All-State and Fall
	Subject (list each)	Location where each course is taken	
1.	[ ] solely by parent [	public or private school	
	[ ] FLVS or Dist. Virtual School [ ] dual enrollment(identify	(i	identify school)
2.	[ ] solely by parent [ ]	j public or private school	dentify school)
	[ ] FLVS or Dist. Virtual School [ ] dual enrollment(identify		(identify)
	[ ] solely by parent [		identify school)
	[ ] FLVS or Dist. Virtual School [ ] dual enrollment(identify	y college/university)	(identify)
	[ ] solely by parent [		
	[ ] FLVS or Dist. Virtual School [ ] dual enrollment(identify		
	· · ·	•	• •
	[ ] solely by parent [ ]		
	[ ] FLVS or Dist. Virtual School [ ] dual enrollment(identify	y college/university) [ ] other	(identify)



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	[ ] solely by parent	[ ] public or private school
		(identify school)
		[ ] public or private school
		dentify college/university) [ ] other (identify)
8	[ ] solely by parent	[ ] public or private school
[ ] FLVS or Dist. Virtual School [ ] dual of	enrollment	lentify college/university) [ ] other
Is the student receiving any form of educat	tional services from	any other school (i.e. a correspondence school, "umbrella school", other
		1002.41, Florida Statutes? [ Yes][ No]
If yes, answer the following <i>(use reverse s</i> )  (a) Name, address and phone number of th		
(a) Name, address and phone number of th	e school providing i	(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:		(d) Will this student be awarded a diprema. [ 100][ 1.0]
	rmation provided an	ngs and future participation. I understand that I am swearing or affirming nd statements made on this form and that the punishment for knowingly
		STATE OF FLORIDA, COUNTY OF
Signature of Student	Date	—   · · · · · · · · · · · · · · · · · ·
		Sworn to or affirmed before me on {date}
1		Sworn to or affirmed before me on {date}  [Notary Seal:]
Printed Name of Student		· / ———————————————————————————————————
	/	[Notary Seal:]
Printed Name of Student  Signature of Parent/Legal Guardian	/	. /
	/_Date	[Notary Seal:]
Signature of Parent/Legal Guardian	/	[Notary Seal:]  Signature of Notary
Signature of Parent/Legal Guardian	/	[Notary Seal:]  Signature of Notary  Printed Name of Notary  NOTARY PUBLIC
Signature of Parent/Legal Guardian	/_Date	[Notary Seal:]  Signature of Notary  Printed Name of Notary  NOTARY PUBLIC My commission expires:

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# **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 at which the student wishes to participate. **This form must be completed each year.** 

TO:	County School District Home	Education Office	
FROM:	Name of Parent/Guardian	E-mail Address	
RE:	Student {student's full name}		
	Student's Date of Birth {mm/dd/yy}//		
	Home Address		
	Street Address	City	Zip Code
	Daytime Telephone Number ()		
etion B: 7	To Be Completed By the School District Home Edu	ucation Office Staff	
ne of Count	у		
r records refl	lect that this student has been registered with the Home Educati	on Office in this school district	since:
{origin	nal date of registration}, 20	_	
ve status:	nnual evaluations have been submitted in accordance with apple	licable statutes and guidelines ar	nd he/she remains
This stude	nt is a new Home Education student, the date of his/her annual	elvaluation will be:	, 20
	estions or need additional information concerning this matter, School District Home Education Office at:	FOR DISTRICT OFFI	CE USE ONLY
ephone num	ber} ( )		
Signatur	re of District Home Education Coordinator Date		
	Printed Name of District Home Education Coordinator		
	e-mail Address of District Home Education Coordinator		

## **High School Record**

If subjects were taken at an institution which provides transcripts, those transcripts must be provided.

Student's full name:		Birth Date {mm/dd/yy}://			
Stree	et Address	Apt. #	City		Zip Code
Grade/Year	Subject		Grade Earned	Point Value	
					Cum. GPA:
Where were subjects	s taken:				
Grade/Year 10th /	Subject		Grade Earned	Point Value	
					Cum. GPA:
Where were subjects	s taken:				
Grade/Year 11th /	Subject		Grade Earned	Point Value	
					Cum. GPA:
Where were subjects	s taken:				
G' 1			D (	/11/ )	
Signed:(Parent/Guardi	an signature)		Date {mi	m/dd/yy}:	