

Registration Form for Home Education Student (Page 2 of 2)

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 wishes to participate and only needs to be submitted one time per school.

6. _____ [] solely by parent [] public or private school _____
(identify school)
- [] FLVS or Dist. Virtual School [] dual enrollment _____
(identify college/university) [] other _____
(identify)
7. _____ [] solely by parent [] public or private school _____
(identify school)
- [] FLVS or Dist. Virtual School [] dual enrollment _____
(identify college/university) [] other _____
(identify)
8. _____ [] solely by parent [] public or private school _____
(identify school)
- [] FLVS or Dist. Virtual School [] dual enrollment _____
(identify college/university) [] other _____
(identify)

Is the student receiving any form of educational services from any other school (i.e. a correspondence school, "umbrella school", other online school, etc.) other than home education as defined in § 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:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic music activities only in the this member school of the Florida ~~6FRRO0MLF~~ Association (060). I/we, therefore, agree that this student will be subject to and abide by all 60 rules, as well as the regulations of the school, pertaining to interscholastic music participation. I/we understand that if this student attends one school and participates in the interscholastic music program sponsored by another school, the student may be ineligible and may cause the school of which he/she is a member to forfeit ~~WHLUUDWLM~~ participation. **I understand that I am 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 includes fines and/or imprisonment.**

<p>_____/_____ Signature of Student Date</p> <p>_____ Printed Name of Student</p> <p>_____/_____ Signature of Parent/Legal Guardian Date</p> <p>_____ Printed Name of Parent/Legal Guardian</p>	<p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to or affirmed before me on {date} _____.</p> <p>[Notary Seal:]</p> <p>_____ Signature of Notary</p> <p>_____ Printed Name of Notary</p> <p>NOTARY PUBLIC My commission expires: _____, 20____.</p> <p>Personally known to me _____</p> <p>OR Produced Identification _____</p> <p>Type of Identification Produced _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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



Florida School Music Association
Verification of Student Registration with
Public School District Home Education Office

Revised 07/24

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.

Section A: To Be Completed By the Parent/Legal Guardian (please print)

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 (____) _____

(Note: This document must be completed for the county in which the student resides. § 1002.41, F.S.)

Section B: To Be Completed By the School District Home Education Office Staff

Name of County _____

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

e-mail Address of District Home Education Coordinator

FOR DISTRICT OFFICE USE ONLY

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}: ____/____/____

Address: _____

Street Address Apt. # City Zip Code

Phone: (_____) _____

Grade/Year	Subject	Grade Earned	Point Value	
9th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
10th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
11th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Signed: _____ Date {mm/dd/yy}: ____/____/____
 (Parent/Guardian signature)