



Florida Music Educators Association
Registration Form for Home Education Student

The student and parent/guardian must complete, sign in the presence of a 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 FMEA Calendar for the interscholastic extracurricular music activities in which the student wishes to participate. Address questions to kdsanz@flmusiced.org.

SECTION A

- Name of student _____ Birth Date {mm/dd/yyyy} ____/____/____ Grade _____
 Home address _____ Home Phone (____) ____ - _____
- Student resides in and is legally registered as a home education student in the _____ County School District
- 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):

- Student was enrolled in the ____ th grade during the previous school year at {check and complete the one that applies}:
 {name of school} _____ in {city} _____
 A home education program in the _____ County School District
- Student first entered the 9th grade on, if applicable {mm/dd/yyyy} ____/____/____
 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 grade 6-8) Yes No

Transcripts or records of grades must be attached. Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calculated using the “alpha” system (A, B, C, D, and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic extracurricular music activities, the following grading scale as mandated by S.1003.437, Florida Statutes, must be used: Grade “A” is 90 to 100 percent and has a GPA value of 4; grade “B” is 80 to 89 percent and has a GPA value of 3; grade “C” is 70 to 79 percent and has a GPA value of 2; grade “D” is 60 to 69 percent and has a GPA value of 1; and grade “F” is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

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 _____ (identify school)	<input type="checkbox"/> Dual Enrollment _____ (identify college/university)	<input type="checkbox"/> Other _____ (identify)
2.	<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)
3.	<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)
4.	<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)

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 online 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 Music Educators Association (FMEA). We, therefore, agree that this student will be subject to and abide by all FMEA 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 will forfeit their right 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 Student / 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.