Broward Home School Extracurricular Activity Verification of Student Status

Section A of this form must be completed by the student's parent/legal guardian. **Section B** must be completed by the School District Home Education Office and the completed form must be presented to the boundaried school for participation.

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

Student Name:
Student ID Number:
Date of Birth:
Emergency Contact Information:
Parent Name:
Parent Email:
Relationship to Student:
Address:
Phone Number:
Requested Activity:
Boundaried School:

This form acknowledges that the home-schooled student is registered with the Broward District office, lives in the boundary of the school, and is in compliance with home education requirements as outlined in F.S 1002.41. Failure to remain in compliance with F.S. 1002.41 may result in student removal from the activity. The student must still meet all other eligibility requirements for participation in the activity, including the Code of Student Conduct as outlined in Policy 5.8.

arent Signature:	
ate:	
Section B: To Be Completed By the School District Home Edu	ucation Office Staff
Name of County	
Our records reflect that this student has been registered with the Home Education	on Office in this school district since:
{original date of registration}, 20	_
This student's annual evaluations have been submitted in accordance with applicative status: [Yes][No] Date:, 20 This student is a new Home Education student, the date of his/her annual expressions.	
If you have questions or need additional information concerning this matter, please call the School District Home Education Office at: {telephone number} ()	FOR DISTRICT OFFICE USE ONLY
{vereprione number; ()	
Signature of District Home Education Coordinator Date	
Printed Name of District Home Education Coordinator	
e-mail Address of District Home Education Coordinator	

