

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



McKAY DISTRICT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN:

I, _____, verify that my child, _____
(NAME OF PARENT) (NAME OF STUDENT)
has been withdrawn from _____ County Public Schools on _____,
(NAME OF DISTRICT) (DATE OF WITHDRAWAL)
and is currently enrolled and attending _____ as of _____,
(NAME OF PRIVATE SCHOOL) (FIRST DATE OF ATTENDANCE)
_____, _____
(STUDENT ID#) (DATE OF BIRTH)

I certify that the above statement is true:

PARENT/LEGAL GUARDIAN NAME: _____ PHONE: _____
PLEASE PRINT YOUR NAME
PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY THE PUBLIC SCHOOL DISTRICT ADMINISTRATOR:

_____ verifies that the above named student was withdrawn from
(NAME OF PUBLIC SCHOOL)
_____ County Public Schools on _____.
(NAME OF DISTRICT) (DATE OF WITHDRAWAL)
PUBLIC SCHOOL DISTRICT ADMINISTRATOR NAME: _____ PHONE: _____
PLEASE PRINT YOUR NAME
PUBLIC SCHOOL DISTRICT ADMINISTRATOR SIGNATURE: _____ DATE: _____

Public School District Administrator check here if applicable: _____ *Student is currently enrolled in public school or is registered with district home-school office*

THIS SECTION TO BE COMPLETED BY A PRIVATE SCHOOL ADMINISTRATOR:

_____ verifies that the above named student has been enrolled in and
(NAME OF PRIVATE SCHOOL)
attending our school as of _____.
(FIRST DATE OF ATTENDANCE)
PRIVATE SCHOOL ADMINISTRATOR NAME: _____ PHONE: _____
PLEASE PRINT YOUR NAME
PRIVATE SCHOOL ADMINISTRATOR SIGNATURE: _____ DATE: _____