

# 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has been withdrawn from \_\_\_\_\_ County Public Schools on \_\_\_\_\_,  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\_\_\_\_\_ verifies that the above named student was withdrawn from  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: \_\_\_\_\_