



The School District of Escambia County

Office of School Choice

Phone: (850) 469-5580

Public School Authorization Form

For Home Education, Private School or Full-time Virtual Education students seeking authorization for extracurricular activities—or curricular courses required to participate in extracurricular activities—at a residentially-zoned public school in Escambia County, FL

Please PRINT Clearly.

PARENT INFORMATION (Current proof of address is required.)

Parent Name _____

Street Address Line 1 _____

Best Phone Number _____

Street Address Line 2 (optional) _____

Alternate Phone Number _____

City _____ State _____ ZIP Code _____

STUDENT INFORMATION

First Name _____ Last Name _____

Birthdate _____ Gender _____ Race _____ Grade _____

Current School _____

Residentially Zoned School _____

COURSE REQUEST

Home Education, Virtual Instruction Program and Private School students are eligible to participate in extracurricular activities as well as curricular courses required to participate in the extracurricular activity at the public school to which the student would be assigned according to district school board attendance area policies or which the student could choose to attend pursuant to §1002.31. During the period of participation at a school, the student must demonstrate educational progress as required in all subjects by a method of evaluation agreed upon by the parent and the school district. The student must meet the same standards of acceptance, behavior, and performance as required of other students in extracurricular activities. The student must register his or her intent to participate in interscholastic extracurricular activities as a representative of the school before participation. Any student who has been unable to maintain academic eligibility for participation in interscholastic extracurricular activities is ineligible to participate in such activities until the student has successfully completed one grading period to become eligible to participate.

The information must be submitted each academic year in which a student wishes to enroll.

Please indicate the activity, curricular course title(s), school year, and term for which you are requesting enrollment.

EXTRA CURRICULAR ACTIVITY	CURRICULAR COURSE (if required)	SCHOOL YEAR	TERM (FALL, SPRING, and/or SUMMER)
			Circle: FALL SPRING SUMMER
			Circle: FALL SPRING SUMMER
			Circle: FALL SPRING SUMMER

PARENT SIGNATURE (Complete, sign, and date.)

Current proof of residence is required to process course requests. The above named student is appropriately registered as a Home Education, Virtual Instruction Program, or Private School student with the Escambia County School District. If the student is a Home Education student, he/she is in compliance with §1002.41 concerning annual evaluations and/or grade promotion, and has demonstrated educational progress at a level commensurate with the ____ grade.

Parent Signature _____

Date _____

OFFICIAL USE ONLY

STU ID: _____

FTE: OCTOBER | FEBRUARY

EXCEPTIONALITY: _____

504 PLAN DATE: _____

APPROVED: SIGNATURE | DATE

DENIED: SIGNATURE | DATE

CONTACT: METHOD | DATE

FOCUS: ENTERED BY | DATE