

**Verification that student is registered with the
Miami-Dade County Public Schools
Home School Education Office-Division of Attendance Services**

DATE: _____

TO: Miami Dade College

STUDENT NAME: _____
 FIRST **MIDDLE** **LAST NAME**

STUDENT FL ID/SSN: _____ / _____

ADDRESS: _____
 STREET

 CITY/STATE **ZIPCODE**

PHONE: _____ **CELL:** _____ **EMAIL:** _____

ANTICIPATED GRADUATION DATE: _____

PARENT SIGNATURE: _____
 PRINT NAME **SIGNATURE**

STUDENT SIGNATURE: _____
 PRINT NAME **SIGNATURE**

M-DCPS HOME SCHOOL EDUCATION OFFICE **PRINT NAME**
REGISTRAR

<p>_____ MDC APPROVAL: D/E COORDINATOR/ ASSOCIATE ACADEMIC DEAN</p>	<p>_____ DATE</p>
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