

**VERIFICATION OF A HIGHLY QUALIFIED SUBJECT AREA CONTENT TEST  
(Charter Schools)**

Fill in the information above the broken line. Please print or type.

Last Name	First Name	Middle Name	Maiden Name
Street Address		City	State
Social Security Number		Date of Birth (month, day, year)	

**TO THE STATE EDUCATION AGENCY OR SCHOOL DISTRICT NCLB OFFICER:**

*Please complete the information below that applies to the above-named Florida teacher and return the form to the Florida Charter School as indicated below.*

The applicant is highly qualified in \_\_\_\_\_ based on having passed a  
(subject area(s) & level(s))  
subject area content test appropriate for each subject area indicated.

\_\_\_\_\_  
Verifying Officer & Title (please print)                      Signature                      State                      Date

STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.  _____ Notary Public:                      My Commission Expires:	<b>RETURN FORM TO:</b> <b>(INSERT NAME AND ADDRESS OF CHARTER SCHOOL HERE)</b>
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**THIS FORM MUST BE SIGNED AND NOTARIZED.**