Florida High School Athletic Association

Verification of Student Controlled Open Enrollment
Option with Public School District or Charter/Lab School Board

This form is only to be completed if the “Non-Traditional” student wishes to participate for a public school (including a charter school) that is not the public school the student is zoned to attend pursuant to § 1002.31, F.S.  Section A of this form must be completed by student’s parent/legal guardian.  Section B must be completed by the public school district or charter/lab school board of the school at which the student wishes to participate (Note: this may be in a county different than the county in which the student resides).  Note: this form must be submitted to the FHSAA office prior to participation.  Address questions to eligibility@fhsaa.org.

Section A:  To Be Completed By the Parent/Legal Guardian (please print)

TO:  Florida High School Athletic Association Office of Eligibility and Compliance Services
FOR: ________________________________________ County School District □ Charter/Lab School Board
FROM: ________________________________________ ___________________________________________________________________________________
Name of Parent/Guardian                                                E-mail Address
RE:  Student’s full name ________________________________________ Student’s DOB {mm/dd/yy} ___ / ___ / ___
________________________________________________________________
Street Address                                                                 City                                                                 Zip Code
Daytime Phone Number (____) __________________________
Student Currently Attends {name of school} __________________________
Student Wishes to Participate for {name of school} __________________________
Sports in Which Student Wishes to Participate _____________________________________________________

Section B:  To Be Completed By the Public School District or Charter/Lab School Board

Based on this student’s address, this student is zoned to attend __________________________
{name of school}  

Based on this school district’s or charter/lab school governing board’s “Controlled Open Enrollment Policy”, although this student would not physically occupy a seat at the school listed in Section A, this student meets all of the requirements necessary to attend this school had he/she chose to do so, including, but not limited to, meeting established deadlines for admission, space availability, etc., pursuant to § 1002.31, F.S.  [ ___ Yes][ ___ No]

If you have questions or need additional information concerning this matter, please call the School District/Charter School/Lab School Office at: (_____) __________________________
{telephone number}

Signature of School District/Charter School/Lab School Board Official __________________________ Date __________________________

Printed name School District/Charter School/Lab School Board Official

FOR OFFICIAL OFFICE USE ONLY

______________________________________________ / _____________
Signature of School District/Charter School/Lab School Board Official

e-mail of School District/Charter School/Lab School Board Official