



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} / /

Address Street Address City Zip Code

Day Telephone Number ()

Student Currently Attends {name of school}

Student Wishes to Participate for {name of school}

Sign 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

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

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