

Florida High School Athletic Association

Verification of Student Registration with Public School District Home Education Office



Section A of this form must be completed by student's parent/legal guardian. Section B must be completed by the School District Home Education Office Coordinator and the completed form must be presented to the school at which the student wishes to participate. This form must be completed each year. Address questions to eligibility@fhsaa.org.

TO: Florida High School Athletic Association Office of	Eligibility and Compliance Services	
FOR: County School Distr	rict Home Education Office	
FROM: Name of Parent/Guardian	E-mail Address	
RE: Student's full name		/ /
HAddress		<i>:</i>
Addfitsect	City	Zip Code
Daytime Telephone Number ()	<u> </u>	
SippoWeshich Student Wishes to Participate		
(Note: This document must be completed for the c	ounty in which the student resides. § 1002.4	(1, F.S.)
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