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.

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 Home Education Office

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 Telephone Number (____) __________________________________

Sports in Which Student Wishes to Participate  _________________________________________

(Note: This document must be completed for the county in which the student resides. § 1002.41, F.S.)

Section B: To Be Completed By the School District Home Education Office Staff

Name of County ________________________________

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} ____________________________, 20____

This student’s annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

[ ____ Yes][ ____ No] Date: ____________________________, 20____

☐ This student is a new Home Education student, the date of his/her annual evaluation will be: ____________________________, 20____

If you have questions or need additional information concerning this matter, please call the School District Home Education Office at:

{telephone number} (______) ______________________

____________________________________________________________ / ________________

Signature of District Home Education Coordinator Date

FOR DISTRICT OFFICE USE ONLY

________________________ / ________________________

Printed Name of District Home Education Coordinator Date

________________________

e-mail Address of District Home Education Coordinator