

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 C | compliance Services | |
|--------|--|---------------------|----------|
| FROM: | County School District Home Education Office | | |
| DATE: | , 20 | | |
| RE: | Student {student's full name} | | |
| | Student's Date of Birth {mm/dd/yy}/ | | |
| | Home Address | | |
| | Street Address | City | Zip Code |
| Daytin | ne Telephone Number () | | |
| Studen | it wishes to participate at {name of school} | | |

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

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 elvaluation 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 | | |
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Printed Name of District Home Education Coordinator