



Florida High School Athletic Association
**Verification of Student Registration with
 Public School District Home Education Office**

EL7V

2016-17 Edition

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

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

Daytime Telephone Number (____) _____

Student 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 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} (_____) _____

FOR DISTRICT OFFICE USE ONLY

_____/_____
 Signature of District Home Education Coordinator Date

 Printed Name of District Home Education Coordinator