



Florida High School Athletic Association

Verification of Student Controlled Open Enrollment Option with Public School District

This form is only to be completed if the “**Non-Traditional**” student wishes to participate for a different public school than the public school the student is zoned to attend through the school district’s “**Controlled Open Enrollment**” provisions. **Section A** of this form must be completed by student’s parent/legal guardian. **Section B** must be completed by the School District School of Choice Office and the completed form must be presented to the school at which the student wishes to participate. **Address questions to eligibility@fhsaa.org. If multiple counties are involved, a separate form for each county must be provided.**

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 School of Choice 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 School of Choice Office Staff (or equivalent dept.)

Based on this student’s address, this student is zoned to attend

{name of school} _____

The School District of {name of County} _____ County has a “Controlled Open Enrollment Policy” that allows students to choose to attend a different school than the school the student is zoned to attend?

[___ Yes][___ No]

If yes, based on this school district’s “Controlled Open Enrollment Policy”, although this student would not physically occupy a seat at the school in Section A, this students meets all of the requirements necessary to be allowed to choose a different school.

[___ Yes][___ No]

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

{telephone number} (_____) _____

_____/_____
 Signature of District School of Choice Office Staff Member Date

 Printed Name of District School of Choice Office Staff Member

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