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} ___/___/____
Home Address  __________________________________________________________________________
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
______________________________________________________________________________
e-mail Address of District Home Education Coordinator