



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

EL7V

Revised 07/21

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@fhxaa.org.

Section A: To Be Completed By the Parent/Legal Guardian (please print)

TO: _____ 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

Printed Name of District Home Education Coordinator

e-mail Address of District Home Education Coordinator

FOR DISTRICT OFFICE USE ONLY