

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.

TO:	Florida High School Athletic Association Office	of Eligibility and Compliance Services	
FOR:	County School D	istrict Home Education Office	
FROM:	Name of Parent/Guardian		
DE: Stud		E-mail Address Student's DOR (mm/dd/vw)	/ /
KE. Stud	lent's full name		
	Home Address Street Address	City	Zip Code
	Daytime Telephone Number ()	·	Zip Code
	Sports in Which Student Wishes to Participate		
	dect that this student has been registered with the H	ome Education Office in this school district sin	ce:
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e-mail Address of District Home Education Coordinator