Florida High School Athletic Association

Verification of Student Registration with Public School District Home Education Office

EL7V

Revised 06/25

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: _____ 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 by 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 elvaluation 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