



## 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 Cahaal Athlatic Association Office of Fligibility	vy and Campillance Complete	
TO:	Florida High School Athletic Association Office of Eligibility and Compliance Services		
FROM:	County School District Home	Education Office	
DATE:	, 20		
RE:	Student's full name} Student's Date of Birth {mm/dd/yy}/		
	Home Address Street Address	City	7in Codo
D .:		•	Zip Code
	ne Telephone Number ()		
Studer	nt wishes to participate at {name of school}		
Section D. 7	Fo Do Completed Dy the School District Home Ed	usation Office Staff	
Section B:	To Be Completed By the School District Home Ed	ucation Office Staff	
Our records ref	lect that this student has been registered with the Home Educat	ion Office in this school district si	nce:
{origin	nal date of registration}, 20	_	
This student's a active status:	annual evaluations have been submitted in accordance with app	licable statutes and guidelines and	he/she remains on
[ Yes][	No] Date:, 20		
This stude	nt is a new Home Education student, the date of his/her annual	elvaluation will be:	. 20
	and a new recent additional condens, and content or may not condens	• • • • • • • • • • • • • • • • • • •	,
	estions or need additional information concerning this matter, School District Home Education Office at:	FOR DISTRICT OFFIC	E USE ONLY
{telephone num			
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Signatu	re of District Home Education Coordinator Date		

Printed Name of District Home Education Coordinator