



Florida High School Athletic Association
Verification of Student Controlled Open Enrollment
Option with Public School District or Charter/Lab School Board

This form is only to be completed if the "Non-Traditional" student wishes to participate for a public school (including a charter school) that is not the public school the student is zoned to attend pursuant to § 1002.31, F.S. Section A of this form must be completed by student's parent/legal guardian. Section B must be completed by the public school district or charter/lab school board of the school at which the student wishes to participate (Note: this may be in a county different than the county in which the student resides). Note: this form must be submitted to the FHSAA office prior to participation. 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 _____ Charter/Lab School Board
FROM: _____ Name of Parent/Guardian _____ E-mail Address
RE: Student {student's full name} _____
Student's Date of Birth {mm/dd/yy} ____/____/____
Home Address _____ Street Address _____ City _____ Zip Code _____
Daytime Telephone Number (____) _____
Student wishes to participate at {name of school} _____

Section B: To Be Completed By the Public School District or Charter/Lab School Board

Based on this student's address, this student is zoned to attend _____ {name of school}

Based on this school district's or charter/lab school governing board's "Controlled Open Enrollment Policy", although this student would not physically occupy a seat at the school listed in Section A, this student meets all of the requirements necessary to attend this school had he/she chose to do so, including, but not limited to, meeting established deadlines for admission, space availability, etc., pursuant to § 1002.31, F.S. [___ Yes][___ No]

If you have questions or need additional information concerning this matter, please call the School District/Charter School/Lab School Office at:

(____) _____ {telephone number}

_____/____ Date
Signature of School District/Charter School/Lab School Board Official

Printed name School District/Charter School/Lab School Board Official

e-mail of School District/Charter School/Lab School Board Official

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