Florida High School Athletic Association

# Verification of Student Registration with Public School District Home Education Office

**EL7V**

*2016-17 Edition*

**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: Florida High School Athletic Association Office of Eligibility and Compliance Services

FROM: _____ County School District Home Education Office

DATE: _____, 20_____

RE: Student {student's full name} _____

Student's Date of Birth {mm/dd/yy} _____/_____/_____

Home Address _____
Street Address City Zip Code

Daytime Telephone Number (____) _____

## Section B: To Be Completed By the School District Home Education Office Staff

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}* ( _____ ) _____

**FOR DISTRICT OFFICE USE ONLY**

_____ / _____
Signature of District Home Education Coordinator Date

_____
Printed Name of District Home Education Coordinator