

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school.

SECTION A:

1. Name of student _____ Birth Date {mm/dd/yy} ____/____/____ Grade in school ____th
Home address _____ Home phone number (____) _____

2. Student resides in and is legally registered as a home education student in the _____ County School District

3. Student wishes to participate in interscholastic athletics at {name of school} _____

This is the public school the student is zoned to attend [___ Yes][___ No] This school a private school [___ Yes][___ No]

If “No” for both of the above, was an EL14 Form provided to the school listed in #3? [___ Yes][___ No]

Student wishes to participate in the following sport(s) at this school _____

4. Student was enrolled in the ____th grade during the previous school year at {check and complete the one that applies}:

____ {name of school} _____ in {city} _____

____ A home education program in the _____ County School District

5. Student first entered the 9th grade on, if applicable {mm/dd/yy} ____/____/____

This student has maintained a cumulative GPA of 2.0 or above on a 4.0 unweighted scale since entering 9th grade **OR**

the previous semester for (for grade 6 – 8) [___ Yes][___ No]

Transcript or Record of Grades Must be Attached. Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calT.sv ila1TD 1pBo7

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6. _____ [] solely by parent [] public or private school _____
(identify school)

[] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)

7. _____ [] solely by parent [] public or private school _____
(identify school)

[] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)

8. _____ [] solely by parent [] public or private school _____
(identify school)

[] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)

Is the student receiving any form of educational services from any other school (i.e. a correspondence school, "umbrella school", other online school, etc.) other than home education as defined in § 1002.41, Florida Statutes? [] def nb dee fnb o

XgtkLecvkqp"qh"Uvwfgpv"Tkikvctvkqp"ykvj"

Rwdnke"Uejqqn"Fkvtkev"Jqog"Gfwecvkqp"Q eg

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.

Ugevkqp"C<""Vq"Dg"Eq o rnygf"D{"vjg"Rctgpv\Ngi cn" I wct fkc p"(please print)

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

FOR: _____ County School District Home Education Office

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 (____) _____

(Note: This document must be completed for the county in which the student resides. § 1002.41, F.S.)

Ugevkqp"D<""Vq"Dg"Eq o rnygf"D{"vjg"Uejqqn"Fkvtkev"Jqog"Gfwecvkqp"Q eg"Uvc

Name of County _____

Our records reflect that this student has been registered with the Home Education Office in this school district since:

_____, 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 evaluation will be: _____, 20____

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

(_____) _____

_____/_____
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

High School Record

If subjects were taken at an institution which provides transcripts, those transcripts must be provided.

Student's full name: _____ Birth Date {mm/dd/yy}: ____/____/____

Address: _____

Street Address

Apt. #

City

Zip Code

Phone: (_____) _____

Grade/Year

Subject

Grade Earned

Point Value

9th / _____
