



Florida High School Athletic Association
Verification of Student Registration with
Public School District Home Education Office

EL7V
Revised 06/14

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 ()
Student wishes to participate at {name of school}

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