



Florida High School Athletic Association

Registration Form for Home Education Student

2020-21 Edition (Page 1 of 2)

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. **Address questions to eligibility@fhsaa.org.**

SF	ECTION A:		
1.	Name of student Birth Date {mm	n/dd/yy}/	Grade in schoolth
	Home address F	Home phone number	r ()
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] Th	nis school a private s	chool [Yes][No]
	If "No" for both of the above, was an EL14 Form provided to the school listed in	n #3? [Yes][No]
	Student wishes to participate in the following sport(s) at this school		
4.	Student was enrolled in theth grade during the previous school year at {checked and a state of the stat	_	one that applies}:
	{name of school}		
	A home education program in the Cour		
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 unweight	ted scale since enteri	ng 9th grade OR
	the previous semester for (for grade $6 - 8$) [Yes][No]		
an sei SE Th	as a GPA value of 3; grade "C" is 70 to 79 percent and has a GPA value of 2; grade and grade "F" is 0 to 59 percent and has a GPA value of 0. If the student has not yet of mester transcript or record of grades. ECTION B: The above student is enrolled in the following courses for the [] first semester of the current school year (for spring sprin	entered the 9th grad	e, attach a copy of the previous
•		e each course is take	en
1	[] solely by parent [] public or private scl	bool	
			(identify school)
	[] FLVS or Dist. Virtual School [] dual enrollment(identify college/university)	[] other	(identify)
	[] solely by parent [] public or private scl		(identify school)
	[] FLVS or Dist. Virtual School [] dual enrollment	[] other	(identify)
	[] solely by parent [] public or private sch		
	[] FLVS or Dist. Virtual School [] dual enrollment	[] other	(identify school)
			(identify)
	[] solely by parent [] public or private scl		(identify school)
	[] FLVS or Dist. Virtual School [] dual enrollment(identify college/university)		
5.	[] solely by parent [] public or private scl	hool	(identify school)
	[] FLVS or Dist. Virtual School [] dual enrollment		
	(identify college/university)	-	(identify)





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	[] solely by parent	[] public or private school
[] FLVS or Dist Virtual School [] dual	enrollment	(identify school)
[] LV S of Dist. Virtual School [] dual	(ide	entify college/university) [] other
·	[] solely by parent	[] public or private school
[] FLVS or Dist. Virtual School [] dual	enrollment	[] other
	[] solely by parent	[] public or private school
[] FLVS or Dist. Virtual School [] dual	enrollment	entify college/university) [] other
		any other school (i.e. a correspondence school, "umbrella school", of
• •		
		1002.41, Florida Statutes? [Yes][No]
Eyes, answer the following (use reverse s		
a) Name, address and phone number of th	e school providing to	he student with these services:
		(b) Are attendance records kept for this student? [Yes][No]
		(c) Are transcripts kept for this student? [Yes][No]
		(d) Will this student be awarded a diploma? [Yes][No]
ection C:		
	ss of the information	rm and available to participate in a contest. I understand that I am swearing provided and statements made on this form and that the punishment for isonment.
		STATE OF FLORIDA, COUNTY OF
Signature of Student	Date	
		Sworn to or affirmed before me on {date}
Printed Name of Student		—
Signature of Parent/Legal Guardian	/	Signature of Notary
Signature of Farent/Legal Quardian	Date	Signature of Notary
Printed Name of Parent/Legal Guardian		Printed Name of Notary
		NOTARY PUBLIC My commission expires: 20
		My commission expires:, 20
		My commission expires:
		My commission expires:, 20





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.

Section A: 1	To Be Completed By the Parent/Legal Guardian (p	lease 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 v	which the student resides. § 100	02.41, F.S.)		
This student's a ctive status:Yes][nnual evaluations have been submitted in accordance with appl No] Date:	icable statutes and guidelines ar			
lease call the S	stions or need additional information concerning this matter, School District Home Education Office at:	FOR DISTRICT OFFI	CE USE ONLY		
telephone num	ber} ()				
Signatur	re of District Home Education Coordinator Date				
	Printed Name of District Home Education Coordinator				
	e-mail Address of District Home Education Coordinator				

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}://		
S	treet Address	Apt. #	City		Zip Code
Grade/Year 9th /	Subject		Grade Earned	Point Value	
					um. GPA:
Where were subje	ects taken:				
Grade/Year 10th /	Subject		Grade Earned	Point Value	
				C	um. GPA:
Where were subje	ects taken:				
Grade/Year 11th /	Subject		Grade Earned	Point Value	
				C	um. GPA:
Where were subj	ects taken:				
Signed:			Date {mi	m/dd/yy}:/	/
				/ / .	

(Parent/Guardian signature)