



Florida High School Athletic Association
Registration Form for Home Education Student

EL7

Revised 07/21
 (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.**

SECTION A:

- Name of student _____ Birth Date {mm/dd/yy} ____/____/____ Grade in school ____th
 Home address _____ Home phone number (____) _____
- Student resides in and is legally registered as a home education student in the _____ County School District
- 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 _____
 (list all)
- 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
- 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 calculated using the “alpha” system (A, B, C, D and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic athletic competition, the following grading scale as mandated by § 1003.437, F.S., must be used: grade “A” is 90 to 100 percent and has a GPA value of 4; grade “B” is 80 to 89 percent and has a GPA value of 3; grade “C” is 70 to 79 percent and has a GPA value of 2; grade “D” is 60 to 69 percent and has a GPA value of 1; and grade “F” is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

SECTION B:

The above student is enrolled in the following courses for the [___] first semester of the current school year (**for fall and winter sports**) **OR** for the [___] second semester of the current school year (**for spring sports**):

Subject (list each)	Location where each course is taken
1. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
2. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
3. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
4. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
5. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>



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6. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
7. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
8. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (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? [___ Yes][___ No]

If yes, answer the following (*use reverse side if more than one school*):

(a) Name, address and phone number of the school providing the 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]

Section C:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic athletics only in the sport(s) listed above for this member school of the Florida High School Athletic Association (FHSAA). I/we, therefore, agree that this student will be subject to and abide by all FHSAA rules, as well as the regulations of the school, pertaining to interscholastic athletic participation. I/we understand that if this student attends one school and participates in the interscholastic athletic program sponsored by another school, the student may be ineligible and may cause the team of which he/she is a member to forfeit contests and honors won. I/we understand that a student is considered to represent a team in competition if the student is dressed in uniform and available to participate in a contest. **I understand that I am swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

<p>_____ Signature of Student / Date</p> <p>_____ Printed Name of Student</p> <p>_____ Signature of Parent/Legal Guardian / Date</p> <p>_____ Printed Name of Parent/Legal Guardian</p>	<p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to or affirmed before me on {date} _____. [Notary Seal:]</p> <p>_____ Signature of Notary</p> <p>_____ Printed Name of Notary</p> <p>NOTARY PUBLIC My commission expires: _____, 20____.</p> <p>Personally known to me _____</p> <p>OR Produced Identification _____</p> <p>Type of Identification Produced _____</p>
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Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.



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: To Be Completed By the Parent/Legal Guardian (please print)

TO: _____ 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.)

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

Name of County _____

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 evaluation 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} (____) _____

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 / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
10th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
11th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Signed: _____ Date {mm/dd/yy}: ____/____/____

(Parent/Guardian signature)



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

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Section A: To Be Completed By the Parent/Legal Guardian (please print)

TO: _____ County School District Home Education Office

FROM: _____
Name of Parent/Guardian E-mail Address

RE: Student's full name _____ Student's DOB {mm/dd/yy} ____/____/____
 Home Address _____
Street Address City Zip Code

Daytime Telephone Number (____) _____

Sports in Which Student Wishes to Participate _____

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

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

Name of County _____

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 evaluation 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} (_____) _____

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