



# 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](mailto:eligibility@fhsaa.org).**

## 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 \_\_\_\_\_  
(list all)
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 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 \_\_\_\_\_  
(identify school)  
[ ☐ FLVS or Dist. Virtual School [ ☐ dual enrollment \_\_\_\_\_ [ ☐ other \_\_\_\_\_  
(identify college/university) (identify)
2. \_\_\_\_\_ [ ☐ solely by parent [ ☐ public or private school \_\_\_\_\_  
(identify school)  
[ ☐ FLVS or Dist. Virtual School [ ☐ dual enrollment \_\_\_\_\_ [ ☐ other \_\_\_\_\_  
(identify college/university) (identify)
3. \_\_\_\_\_ [ ☐ solely by parent [ ☐ public or private school \_\_\_\_\_  
(identify school)  
[ ☐ FLVS or Dist. Virtual School [ ☐ dual enrollment \_\_\_\_\_ [ ☐ other \_\_\_\_\_  
(identify college/university) (identify)
4. \_\_\_\_\_ [ ☐ solely by parent [ ☐ public or private school \_\_\_\_\_  
(identify school)  
[ ☐ FLVS or Dist. Virtual School [ ☐ dual enrollment \_\_\_\_\_ [ ☐ other \_\_\_\_\_  
(identify college/university) (identify)
5. \_\_\_\_\_ [ ☐ solely by parent [ ☐ public or private school \_\_\_\_\_  
(identify school)  
[ ☐ FLVS or Dist. Virtual School [ ☐ dual enrollment \_\_\_\_\_ [ ☐ other \_\_\_\_\_  
(identify college/university) (identify)



# Florida High School Athletic Association Registration Form for Home Education Student

**EL7**

Revised 07/21  
(Page 2 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](mailto:eligibility@fhsaa.org).**

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? [ \_\_\_ 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>
---	---

Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.





Florida High School Athletic Association

EL7V

Revised 07/21

## 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](mailto: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

**EL7**

Revised 07/21

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)



Florida High School Athletic Association

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

EL7V

Revised 07/21

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](mailto: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'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**