Florida High School Athletic Association

Registration Form for Home Education Student

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.

Important Note: *Falsification of information to gain access to interscholastic athletics will result in the student being ineligible for 365 days from the date of discovery.*

SECTION A:

1. Name of Student: _____ Birth Date: ____/____/____

   Student Address: _____

   City: _____ Zip Code: _____ County:_____

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

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

   If the student is participating for a home education cooperative, please skip to question 4

   Is this school in the county in which you reside? [___ Yes][___ No]

   If **No**, does any school in the county in which you reside offer the sport? [___ Yes][___ No]

   If **No**, is this school adjacent (shares a border or touches corners) to the county in which you reside? [___ Yes][___ No]

   If **No**, does any school in an adjacent county offer the sport? [___ Yes][___ No]

   If **No**, the school you wish to participate for must complete an EL10 Form.

4. Sport(s) in which the student wishes to participate: _____

5. Has the student participated in any sport(s) at any other school during this school year? (including tryouts) [___ Yes][___ No]

6. Student is enrolled in the ____th grade

7. Student was enrolled in the ____th grade during the previous school year

8. Date the student first entered the 9th grade (if applicable): ____/____/____

9. 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.*

10. This student was taking courses and received grades during the previous two consecutive semesters [___ Yes][___ No]

11. This student has graduated or completed the terminal year of any high school [___ Yes][___ No]

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SECTION B:

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.**

_____/ _____ Signature of Student Date _____ Printed Name of Student _____/ _____ Signature of Parent/Legal Guardian Date _____ Printed Name of Parent/Legal Guardian	STATE OF FLORIDA, COUNTY OF _____ Sworn to or affirmed before me on {date} _____. [Notary Seal:] _____ Signature of Notary _____ Printed Name of Notary NOTARY PUBLIC My commission expires: _____, 20_____. Personally known to me _____ OR Produced Identification _____ Type of Identification Produced _____

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

EL7V

Revised 06/26

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.**

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 by 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 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} (_____) _____

_____ / _____
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

EL7

Revised 06/26

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	
____ / _______	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	Cum. GPA: _______

Where were subjects taken: ____

Grade/Year	Subject	Grade Earned	Point Value	
____ / _______	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	Cum. GPA: _______

Where were subjects taken: ____

Grade/Year	Subject	Grade Earned	Point Value	
____ / _______	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	
	______________________________________	_____	____	Cum. GPA: _______

Where were subjects taken: ____

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

(Parent/Guardian signature)