

This is a sample EL7 form. FHSAA updates this form annually. Please refer to the following website for an updated form- <http://www.fhsaa.org/forms>



Florida High School Athletic Association

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

**EL7**

Revised 07/11

**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. Address any questions to [eligibility@fhsaa.org](mailto:eligibility@fhsaa.org).

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

TO: Florida High School Athletic Association Office of Compliance and Eligibility

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*} \_\_\_\_\_

This student's annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

As of today's date. [ \_\_\_\_ Yes][ \_\_\_\_ No] Date: \_\_\_\_\_, 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