EL14

Revised 07/21

Florida High School Athletic Association

Verification of Student Controlled Open Enrollment Option with Public School District or Charter/Lab School Board

This form is only to be completed if the **"Non-Traditional"** student wishes to participate for a public school (including a charter school) that is not the public school the student is zoned to attend pursuant to § 1002.31, F.S. **Section A** of this form must be completed by student's parent/legal guardian. **Section B** must be completed by the public school district or charter/lab school board of the school at which the student wishes to participate (Note: this may be in a county diffent than the county in which the student resides). **Note: this form must be submitted to the FHSAA office prior to participation. Address questions to eligibility@fhsaa.org.**

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

TO: _____ ☐ County School District ☐ Charter/Lab School Board

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 (____) _____

Student Currently Attends *{name of school}* _____

Student Wishes to Participate for *{name of school}* _____

Sports in Which Student Wishes to Participate _____

Section B: To Be Completed By the Public School District or Charter/Lab School Board

Based on this student's address, this student is zoned to attend _____
{name of school}

Based on this school district's or charter/lab school governing board's "Controlled Open Enrollment Policy", although this student would not physically occupy a seat at the school listed in Section A, this student meets all of the requirements necessary to attend this school had he/she chose to do so, including, but not limited to, meeting established deadlines for admission, space availability, etc., pursuant to § 1002.31, F.S. [___ Yes][___ No] *Required*

If you have questions or need additional information concerning this matter, please call the School District/Charter School/Lab School Office at:

(_____) _____
{telephone number}

_____ / _____
Signature of School District/Charter School/Lab School Board Official Date

_____
Printed name School District/Charter School/Lab School Board Official

_____
e-mail of School District/Charter School/Lab School Board Official

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