



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 different 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: Florida High School Athletic Association Office of Eligibility and Compliance Services

FOR: _____ 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

FOR OFFICIAL OFFICE USE ONLY