

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.

{original date of registration} _____, 20____

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