



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](mailto: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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