



Florida High School Athletic Association Verification Form for Private School Students

EL12V

Revised 06/25

This form is to be completed by an administrator at the private school the student attends. The form must then be filed with the FHSAA member school at which he/she wishes to participate before the student can practice and compete. The participating school will review the form and attachments before registering the information with the FHSAA Office. **This form must be submitted to the participating school prior to participation.**

(This page is to be completed and signed by an administrator at the private school the student attends)

Name of School: _____
{name of private school}

School Address: _____ Phone Number: _____

City: _____ Zip Code: _____ County: _____

Name of School Principal/Headmaster/Administrator: _____

Does this school offer the sport(s) in which the student wishes to participate? [☐ Yes] [☐ No]

Name of Student: _____ Birth Date: _____
{mm/dd/yyyy}

Grade Level of Student: _____ Date Student Entered 9th Grade (if applicable): _____
{mm/dd/yyyy}

Student's Cumulative GPA on the First Day of the Current Semester: _____ *{Please attach a copy of the student's official transcripts}*
{Unweighted}

Eligibility checklist: *(All items, where applicable, must be verified and checked off)*

- [☐] This student is enrolled at this private school and taking a full class load.
- [☐] This student has maintained a cumulative minimum 2.0 GPA on a 4.0 unweighted scale of all courses taken since entering the 9th grade for students in grades 9 – 12 or had a minimum 2.0 GPA on a 4.0 unweighted scale the previous semester for students in grades 6 – 8.
- [☐] This student was enrolled in school and received grades for the two previous consecutive semesters.
- [☐] This student has not graduated or completed the terminal year of any high school.
- [☐] This student is not currently under disciplinary sanctions at the school attended or any school attended within the past 365 days.

Signature of School Administrator

Date {mm/dd/yyyy}

Printed Name of School Administrator

Title at School

Note: this form MUST be submitted to the FHSAA office annually