



## **CFCA Homeschool Athletics Application Check List**

### **Requirements for CFCA Homeschool Athletics participation:**

- All Homeschool families are required to sign CFCA's statement of faith.
- All Homeschool families follow the CFCA Parent-Student Handbook.
- All Homeschool families follow the CFCA 24/7 Handbook policy.
- All Homeschool families follow the CFCA dress code policy.
- All Homeschool students are permitted on campus 15 minutes prior to the start of their practice and are required to be picked up 15 minutes after the completion of practice.
- All Homeschool students must sign in on campus through the CFCA front desk.
- Participation in the CFCA Homeschool division does not permit students to participate in all CFCA activities (ie: Homecoming, Spring Formal, Graduation, and other events designed for CFCA full time students).

### **Following is the checklist for application to CFCA Homeschool Athletics: (Each box must be completed and checked before becoming eligible with CFCA)**

- ☐ Completed application (CFCA admission application)
- ☐ Completed Student Statement of Faith
- ☐ Completed Homeschool Athletic Application / Medical Authorization
- ☐ FHSAA Form EL7
- ☐ FHSAA Form EL7V
- ☐ Complete all FHSAA Compliance Tasks as outlined through the Athletic Clearance Website ([athleticclearance.com](http://athleticclearance.com))
- ☐ Completed Homeschool Athletics Financial Worksheet  
*(Must be completed and paid, prior to attending first team function with CFCA)*
- ☐ Meeting with Athletic Director (FHSAA Rules, CFCA Culture, Expectations, and Vision)*(Must be completed prior to attending first team function with CFCA)*



# **ADMISSION APPLICATION**

**(Homeschool Athletics)**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

# APPLICATION FOR ADMISSION

## Applicant Information

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Ethnicity (optional) ☐ African-American ☐ Asian or Pacific Islander ☐ Hispanic  
☐ American Indian/Eskimo ☐ Caucasian ☐ \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Please Check all that Applies:

☐ Sibling of current CFCA Student ☐ Parent(s) is employee of CFCA or FBCCF ☐ Parent(s) is member of FBCCF

Reason for Seeking Admission to CFCA: \_\_\_\_\_

## Education/Background Information

Applicant's Current School: \_\_\_\_\_

School Type: ☐ Private ☐ Parochial ☐ Public Years Attended: \_\_\_\_\_

List School Previously Attended (If Applicable):

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Is your child eligible to return to this school? ☐ Yes ☐ No

Has this student ever repeated a grade? ☐ Yes ☐ No If so, what Grade(s): \_\_\_\_\_

Has this student previously attended CFCA? ☐ Yes ☐ No If so, what Grade(s): \_\_\_\_\_

Has this student ever been suspended, expelled or asked to withdraw from school? ☐ Yes ☐ No

If yes, please give name of school and details: \_\_\_\_\_

Has this student ever been arrested or involved with alcohol, drugs, tobacco products, or sexual immorality?

☐ Yes ☐ No **If yes, please be prepared to discuss this during your admittance interview.**

Has this student ever been evaluated for academic, speech, language sensory integration, physical behavior, emotional or attention difficulties by a school official, psychologist, physician or other professional?

☐ Yes ☐ No **If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.**

Does this student take daily prescription medication? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

## Family Information

Are both parents aware of this application to CFCA?

☐ Yes ☐ No

Parents are:

☐ Married

☐ Father (Custody)

☐ Divorced

(Check all that apply)

☐ Legally Separated

☐ Never Married

☐ Mother (Custody)

Applicant lives with:

☐ Father

☐ Stepfather

☐ Other

(Check all that apply)

☐ Mother

☐ Stepmother

\_\_\_\_\_

If there are other children in your family, please complete the following:

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Mother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Stepfather

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Stepmother

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Grandparents (Paternal)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Grandparents (Maternal)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Central Florida Christian Academy does not discriminate on the basis of race, color, gender, national or ethnic origin.

## Spiritual Information

Parents, please describe your spiritual beliefs. We view ourselves as partners with you in providing a strong Kingdom Education within a Christ-centered community. \_\_\_\_\_

Do you profess to be a Christian: ☐ Yes ☐ No If no, Why? \_\_\_\_\_

Name of Home Church: \_\_\_\_\_

Denomination: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Member?: \_\_\_\_\_

Do you and your child attend the same church? ☐ Yes ☐ No

If no, what church does your child attend? \_\_\_\_\_

Describe your church attendance:

☐ Weekly ☐ Monthly ☐ Occasionally ☐ Belong to Adult Group ☐ No Attendance

What areas of service are you involved with? \_\_\_\_\_

After acquainting yourself with the CFCA Statement of Belief Doctrinal Belief, describe your expectations in regard to your child's education: \_\_\_\_\_

## CFCA Admission Acknowledgment

Please read, and sign below:

As the student applicant, I state that I have read and agree with the 24/7 Student Code of Conduct and Agreement of Central Florida Christian Academy. I agree to abide by the standards set forth in the Code of Conduct and Agreement in thought, word, and deed, both on and off the campus of CFCA.

Applicant Signature (Grade 6th - 12th): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

As the parent(s) or guardian of the student applicant, I/we state that we have read and agree with the Statement of Doctrinal Belief, Parent/Guardian Statement of Support, and the Student Code of Conduct and Agreement of Central Florida Christian Academy. We further agree and pledge, upon acceptance of our child, to partner with the school staff in a manner consistent with these statements to advance the spiritual integrity and academic development of our child.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Director of Admissions  
Central Florida Christian Academy  
700 Good Homes Road  
Orlando, FL 32818





## Statement of Doctrinal Beliefs

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An individual or organization's choices and behavior arise from what they believe and value. Understanding what CFCA believes and values is important because it helps families comprehend the underlying reasons for school policies and decisions. Not all of CFCA's family members will embrace all of these beliefs as their own. The last page of the application includes a signature line whereby parents indicate their support of these Doctrinal Beliefs and acknowledge awareness that these beliefs and values will be taught to the students of CFCA. Parents signing the Enrollment Agreement and students attending CFCA who are old enough to comprehend these beliefs are recognizing and accepting this statement as the guiding principles for CFCA and affirming that they will adhere to these doctrinal beliefs. If a parent or student would find it difficult to adhere to any part of this Statement, they should make the Headmaster aware of their concerns and discuss them with him before signing the Enrollment Agreement when offered admission to CFCA.

**THE SCRIPTURES:** I/We believe that the entire Bible, all 66 books of the combined Old and New Testaments, are verbally inspired by God and are inerrant in the original writings. Through the providence of God, the Word of God has been protected and preserved, and is the only infallible and authoritative rule of faith and practice. (2 Timothy 3:16-17; 2 Peter 1:20-21)

**GOD:** I/We believe that there is only one true, living, sovereign, holy, and eternally existent God. He exists in three co-equal persons – Father, Son, and Holy Spirit – each being a distinct person and with a distinct function, but all of one essence and all possessing the same nature, perfection, and attributes. The triune God is the creator and sustainer of all things, the source of all truth, and is worthy of worship, confidence, and obedience. (Deuteronomy 6:4-5; Genesis 1:31)

**JESUS CHRIST:** I/We believe that Jesus Christ is God. He was conceived by the Holy Spirit; born of a virgin, lived a sinless life, performed many miracles, shed His blood on the cross to pay the debt for our sins, was buried, bodily resurrected, and ascended to the right hand of the Father; and will return literally, visibly, and personally in glory and power. (John 1:13, 14; Matthew 1:18-25; Philippians 2:5-9; Colossians 1:15; 1 Corinthians 15:1-8; Acts 1:11)

**HOLY SPIRIT:** I/We believe that the Holy Spirit is God, co-equal and co-existent with the Father and the Son. He is the chief convicter of sin, the chief agent of regeneration and sanctification. The Holy Spirit lives within every believer and empowers every believer to live a godly life. (John 14:16-19; 16:7-15; 1 Corinthians 6:19-20; Romans 8:9-11; Titus 3:5)

**MANKIND:** I/We believe that in the beginning God created mankind in His image, and man is not in any sense the product of evolution. Mankind was originally created with the ability to live perfectly for God's glory. (Genesis 1:27, 31)

**SIN:** I/We believe that Adam, the first man, sinned by disobedience. This act resulted in the fall of all mankind; therefore, all people have sinned and lost their ability to live for the glory of God. Every person's sin incurs both physical and spiritual death until there is forgiveness and salvation by the grace of God. (Genesis 3:1-24; Romans 3:10-23, 5:12-21, 6:23)

**SALVATION:** I/We believe the salvation of lost and sinful people is a free gift of God's grace apart from human works, based solely upon Christ's vicarious and atoning death, effected by the regenerating work of the Holy Spirit, and received only through faith in the person and finished work of Jesus Christ on the cross and His resurrection from death. (Ephesians 2:8-10; 2 Corinthians 5:21)

**THE CHURCH:** I/We believe that the church is the body of Christ and the family of God. It is made up of saved and baptized believers, who regularly join together for worship, fellowship, and ministry. (Matthew 16:18; 1 Corinthians 12:12-14; Hebrews 10:25)

**EVANGELISM:** I/We believe that it is the responsibility and privilege of every Christian to proclaim the good news of Jesus Christ and to seek to make growing disciples. (Matthew 28:18-20; Acts 1:8)



## **Parent/Guardian Statement of Support**

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- I/We have received and read the “Statement of Doctrinal Beliefs” of the School and desire to have our student educated in accordance with them.
- I/We agree to abide by and support the terms and conditions outlined in the Parent-Student Handbook as published at the School’s website and as amended from time to time.
- I/We will regularly and earnestly pray for Central Florida Christian Academy and its staff.
- I/We will worship the Lord regularly at a Bible-believing church.
- I/We will fully cooperate in the educational activities of Central Florida Christian Academy by doing my/our best to make Christian education effective in the life of our student.
- I/We will require the student to support the spiritual activities of the School (chapel, Bible classes, Scripture memory, etc.).
- I/We will pay all of our financial obligations to Central Florida Christian Academy by the date due, and if I/we are ever unable to do so, I/we will immediately contact the School’s Finance Office to make arrangements for payment which are satisfactory to me and to the School.
- I/We understand that the School has full discretion in the discipline of the student in accordance with the “discipline policy” as published.
- I/We understand that the School reserves the right to place the student at the appropriate grade level and designate the appropriate teachers, coaches and other staff.
- I/We understand that the School reserves the right to dismiss the student when either the parents/guardians or the student does not cooperate with the policies of the School.
- I/We will volunteer for duties and responsibilities for Central Florida Christian Academy as opportunities arise and God provides the time and strength.
- I/We will be faithful to attend all parent functions at Central Florida Christian Academy as best we can.
- If I/we become dissatisfied with Central Florida Christian Academy in any way, I/we will strive to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism. (Matthew 18:15-17; 5:23-24)
- I/We will seek to support and advance Central Florida Christian Academy in every area possible – spiritually, academically, physically, and financially.

The School agrees to provide the best it can for the student in the way of facilities, curriculum, faculty, athletics, social functions, and instruction. The School further pledges to do all possible to support our home in growing our student in the nurture and admonition of the Lord. As the parents/guardians of the student, I/we covenant to support the School in its efforts at Christian education. I/We agree that it is my/our responsibility to strive diligently toward the observance of the “Parent/Guardian Statement of Support” as God enables me/us by the power of the Holy Spirit. If for some reason I/we become dissatisfied, I/we promise to handle the matter as privately and lovingly as possible. If support or resolution cannot be reached, I/we recognize it is my/our responsibility to leave the School and seek a school in alignment with our personal convictions. Together, as a school and as parents/guardians, I/we pledge to submit our lives to one another and to the final authority of the Word of God.

As it is imperative that the School know the backgrounds of parents who volunteer to work with our students, I/we understand and agree that the School shall have the right to perform a background review or check on me/us at any time and the right to perform a motor vehicle records review if I/we am/are required to transport students.



# Florida High School Athletic Association Registration Form for Home Education Student

**EL7**Revised 07/21  
(Page 1 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. Address questions to [eligibility@fhhsaa.org](mailto:eligibility@fhhsaa.org).

**SECTION A:**

1. Name of student \_\_\_\_\_ Birth Date {mm/dd/yy} \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in school \_\_\_\_th  
Home address \_\_\_\_\_ Home phone number (\_\_\_\_) \_\_\_\_\_
2. Student resides in and is legally registered as a home education student in the \_\_\_\_\_ County School District
3. Student wishes to participate in interscholastic athletics at {name of school} \_\_\_\_\_  
This is the public school the student is zoned to attend [ \_\_\_\_ Yes][ \_\_\_\_ No] This school a private school [ \_\_\_\_ Yes][ \_\_\_\_ No]  
If "No" for both of the above, was an EL14 Form provided to the school listed in #3? [ \_\_\_\_ Yes][ \_\_\_\_ No]  
Student wishes to participate in the following sport(s) at this school \_\_\_\_\_  
(list all)
4. Student was enrolled in the \_\_\_\_th grade during the previous school year at {check and complete the one that applies}:  
\_\_\_\_ {name of school} \_\_\_\_\_ in {city} \_\_\_\_\_  
\_\_\_\_ A home education program in the \_\_\_\_\_ County School District
5. Student first entered the 9th grade on, if applicable {mm/dd/yy} \_\_\_\_/\_\_\_\_/\_\_\_\_  
This student has maintained a cumulative GPA of 2.0 or above on a 4.0 unweighted scale since entering 9th grade **OR**  
the previous semester for (for grade 6 – 8) [ \_\_\_\_ Yes][ \_\_\_\_ No]

**Transcript or Record of Grades Must be Attached.** Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calculated using the "alpha" system (A, B, C, D and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic athletic competition, the following grading scale as mandated by § 1003.437, F.S., must be used: grade "A" is 90 to 100 percent and has a GPA value of 4; grade "B" is 80 to 89 percent and has a GPA value of 3; grade "C" is 70 to 79 percent and has a GPA value of 2; grade "D" is 60 to 69 percent and has a GPA value of 1; and grade "F" is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

**SECTION B:**

The above student is enrolled in the following courses for the [ \_\_\_\_ ] first semester of the current school year (**for fall and winter sports**) **OR** for the [ \_\_\_\_ ] second semester of the current school year (**for spring sports**):

**Subject (list each)****Location where each course is taken**

1. \_\_\_\_\_ [ \_\_\_\_ ] solely by parent [ \_\_\_\_ ] public or private school \_\_\_\_\_  
[ \_\_\_\_ ] FLVS or Dist. Virtual School [ \_\_\_\_ ] dual enrollment \_\_\_\_\_ [ \_\_\_\_ ] other \_\_\_\_\_  
(identify college/university) (identify school) (identify)
2. \_\_\_\_\_ [ \_\_\_\_ ] solely by parent [ \_\_\_\_ ] public or private school \_\_\_\_\_  
[ \_\_\_\_ ] FLVS or Dist. Virtual School [ \_\_\_\_ ] dual enrollment \_\_\_\_\_ [ \_\_\_\_ ] other \_\_\_\_\_  
(identify college/university) (identify school) (identify)
3. \_\_\_\_\_ [ \_\_\_\_ ] solely by parent [ \_\_\_\_ ] public or private school \_\_\_\_\_  
[ \_\_\_\_ ] FLVS or Dist. Virtual School [ \_\_\_\_ ] dual enrollment \_\_\_\_\_ [ \_\_\_\_ ] other \_\_\_\_\_  
(identify college/university) (identify school) (identify)
4. \_\_\_\_\_ [ \_\_\_\_ ] solely by parent [ \_\_\_\_ ] public or private school \_\_\_\_\_  
[ \_\_\_\_ ] FLVS or Dist. Virtual School [ \_\_\_\_ ] dual enrollment \_\_\_\_\_ [ \_\_\_\_ ] other \_\_\_\_\_  
(identify college/university) (identify school) (identify)
5. \_\_\_\_\_ [ \_\_\_\_ ] solely by parent [ \_\_\_\_ ] public or private school \_\_\_\_\_  
[ \_\_\_\_ ] FLVS or Dist. Virtual School [ \_\_\_\_ ] dual enrollment \_\_\_\_\_ [ \_\_\_\_ ] other \_\_\_\_\_  
(identify college/university) (identify school) (identify)



# Florida High School Athletic Association Registration Form for Home Education Student

**EL7**Revised 07/21  
(Page 2 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to [eligibility@fhsaa.org](mailto:eligibility@fhsaa.org).**

6. \_\_\_\_\_ [ ] solely by parent [ ] public or private school \_\_\_\_\_  
(identify school)  
[ ] FLVS or Dist. Virtual School [ ] dual enrollment \_\_\_\_\_ [ ] other \_\_\_\_\_  
(identify college/university) (identify)
7. \_\_\_\_\_ [ ] solely by parent [ ] public or private school \_\_\_\_\_  
(identify school)  
[ ] FLVS or Dist. Virtual School [ ] dual enrollment \_\_\_\_\_ [ ] other \_\_\_\_\_  
(identify college/university) (identify)
8. \_\_\_\_\_ [ ] solely by parent [ ] public or private school \_\_\_\_\_  
(identify school)  
[ ] FLVS or Dist. Virtual School [ ] dual enrollment \_\_\_\_\_ [ ] other \_\_\_\_\_  
(identify college/university) (identify)

Is the student receiving any form of educational services from any other school (i.e. a correspondence school, "umbrella school", other online school, etc.) other than home education as defined in § 1002.41, Florida Statutes? [ \_\_\_ Yes][ \_\_\_ No]

If yes, answer the following (*use reverse side if more than one school*):

(a) Name, address and phone number of the school providing the student with these services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Are attendance records kept for this student? [ \_\_\_ Yes][ \_\_\_ No]

(c) Are transcripts kept for this student? [ \_\_\_ Yes][ \_\_\_ No]

(d) Will this student be awarded a diploma? [ \_\_\_ Yes][ \_\_\_ No]

## Section C:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic athletics only in the sport(s) listed above for this member school of the Florida High School Athletic Association (FHSAA). I/we, therefore, agree that this student will be subject to and abide by all FHSAA rules, as well as the regulations of the school, pertaining to interscholastic athletic participation. I/we understand that if this student attends one school and participates in the interscholastic athletic program sponsored by another school, the student may be ineligible and may cause the team of which he/she is a member to forfeit contests and honors won. I/we understand that a student is considered to represent a team in competition if the student is dressed in uniform and available to participate in a contest. **I understand that I am swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Signature of Student _____ / _____ Date	STATE OF FLORIDA, COUNTY OF _____
Printed Name of Student _____	Sworn to or affirmed before me on {date} _____. [Notary Seal:]
Signature of Parent/Legal Guardian _____ / _____ Date	Signature of Notary _____
Printed Name of Parent/Legal Guardian _____	Printed Name of Notary _____
	NOTARY PUBLIC My commission expires: _____, 20____.
	Personally known to me _____
	OR Produced Identification _____
	Type of Identification Produced _____

**Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.**



Florida High School Athletic Association

## 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@fhxaa.org](mailto:eligibility@fhxaa.org).

EL7V

Revised 07/21

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

TO: \_\_\_\_\_ County School District Home Education Office

FROM: \_\_\_\_\_  
Name of Parent/Guardian E-mail Address

RE: Student {student's full name} \_\_\_\_\_

Student's Date of Birth {mm/dd/yy} \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City Zip Code

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_

*(Note: This document must be completed for the county in which the student resides. § 1002.41, F.S.)*

### Section B: To Be Completed By the School District Home Education Office Staff

Name of County \_\_\_\_\_

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} \_\_\_\_\_, 20\_\_\_\_

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

# High School Record

If subjects were taken at an institution which provides transcripts, those transcripts must be provided.

Student’s full name: \_\_\_\_\_ Birth Date {mm/dd/yy}: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Street Address	Apt. #	City	Zip Code
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Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Grade/Year	Subject	Grade Earned	Point Value	
9th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: \_\_\_\_\_

Grade/Year	Subject	Grade Earned	Point Value	
10th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: \_\_\_\_\_

Grade/Year	Subject	Grade Earned	Point Value	
11th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: \_\_\_\_\_

Signed: \_\_\_\_\_ Date {mm/dd/yy}: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent/Guardian signature)

# **ATHLETIC CLEARANCE**

## **EAGLE ATHLETICS ONLINE RECORDS PORTAL**

1. Visit **AthleticClearance.com**.
  - Click on the Florida Picture
2. Click on **"Create an Account"** and follow steps, or **"Sign -In"** if you have previously created an account.
  - Watch tutorial video if help is needed.
3. **Register**.
  - **PARENTS** must register with valid email username and password
4. Login using your email address that you registered with.
5. Select **"Start Clearance Here"** to start the process.
6. **Choose the School Year** in which the student plans to participate. (Example: Football in Sept 2024 would be the 2024-2025 School Year).
  - **Choose the School** at which the student attends and will compete for.
  - **Choose Sport**. (You can also "Add New Sport" if a multi-sport athlete)
    - Electronic signatures will be applied to the additional sports/activities.
7. Complete all required fields: for Student Information, Educational History, Medical History and Signature Forms.
  - If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages.
8. Once you reach the **Confirmation Message** you have completed the process!
  - All of this data will be electronically filed with your school's athletic department for **review**.
  - **When the student has been cleared for participation, an email notification will be sent.**

## **FAQS**

### **What is my Username?**

Your username is the email address that you registered with.

### **Multiple Sports**

On the first step of the process you have the ability to "Add New Sport". If you use this option, you fill out the clearance one time and it is applied to the sport selected. If you complete a clearance and come back at a later date to add a sport, you will "Start New Clearance" and then autofill student and parent information using the dropdown menus on those pages.

### **Physicals**

The physical form can be downloaded on Files page. CFCA will accept the physical upload.

### **Why haven't I been cleared?**

Your school will review the information you have submitted and Clear, Clear for Practice or Deny your student for participation. You will receive an email when the student's status is updated.



## Athletic Homeschool Financial Worksheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s): \_\_\_\_\_

### CATC Member Fees

- |  |       |
|--|-------|
| <input type="checkbox"/> ALL SPORTS**    | \$650 |
| <input type="checkbox"/> FOOTBALL        | \$500 |
| <input type="checkbox"/> SPRING FOOTBALL | \$100 |
| <input type="checkbox"/> CHEER***        | \$500 |
| <input type="checkbox"/> GOLF            | \$250 |
| <input type="checkbox"/> VOLLEYBALL      | \$300 |
| <input type="checkbox"/> BASKETBALL      | \$400 |
| <input type="checkbox"/> BASEBALL        | \$300 |
| <input type="checkbox"/> SOCCER          | \$300 |
| <input type="checkbox"/> SOFTBALL        | \$250 |
| <input type="checkbox"/> TRACK           | \$200 |

**TOTAL of FEES:** \_\_\_\_\_

### NON-CATC Member Fees

- |  |       |
|--|-------|
| <input type="checkbox"/> ALL SPORTS**    | \$800 |
| <input type="checkbox"/> FOOTBALL        | \$550 |
| <input type="checkbox"/> SPRING FOOTBALL | \$100 |
| <input type="checkbox"/> CHEER***        | \$550 |
| <input type="checkbox"/> GOLF            | \$300 |
| <input type="checkbox"/> VOLLEYBALL      | \$350 |
| <input type="checkbox"/> BASKETBALL      | \$450 |
| <input type="checkbox"/> BASEBALL        | \$350 |
| <input type="checkbox"/> SOCCER          | \$350 |
| <input type="checkbox"/> SOFTBALL        | \$350 |
| <input type="checkbox"/> TRACK           | \$250 |

**TOTAL of FEES:** \_\_\_\_\_

\*\*Covers all sports in which a student might wish to compete for the academic year.

\*\*\*Cheerleading includes both Fall and Spring. Half price will be applied for one season only.

**\*\*All student-athletes must be approved through FHSAA before participation can begin\*\***

I agree to the following cost and understand that ALL payments are non-refundable. Athletic Fees must be paid prior to first game of the season, unless other arrangements are made with the Finance office.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_