

TSSAA

615-889-6740

615-889-0544 (Fax)

HOME SCHOOL ELIGIBILITY REPORT

This form must be submitted to and approved by the state office on each individual student by the school prior to home school student trying out for a member school team.

(Name of School)

(Name of Sport)

Student's Name _____

Date of Birth: ____/____/____

Year Entered 9th Grade: _____

1. Is the student enrolled in a home school study program that satisfies all requirements of Tenn. Code Ann. § 49-5-3060(b)? _____ yes _____ no
2. Was the student registered with the local Director of Schools or Head of School (if private school) as an "Independent Home School Student" prior to August 1 of the current school year?
_____ yes _____ no
3. Was the student registered with the school principal by August 15 of the current school year?
_____ yes _____ no
4. Does the student and his/her parents(s) or guardian(s) have a legal residence within the school district or a 20-mile radius of the private school at which they are trying out? _____ yes _____ no
5. Is the student enrolled in a curriculum that has been approved by the parent and Director of Schools (public) or Head of School (private)?
_____ yes _____ no
6. Does the student's course of study include a minimum of five (5) academic courses?
_____ yes _____ no

If not, please include a detailed report of the alternative academic plan approved by the Director Schools or Head of School and parents.

7. Has the public or independent school developed a plan to monitor the student's academic progress and submit it to the state office prior to the start of each semester? _____ yes _____ no

Please list the courses the student is currently approved to take which would count toward graduation if he/she was enrolled in your school:

- 1.
- 2.
- 3.
- 4.
- 5.

8. Did the student earn five or more credits the previous school year based on the LEA/private school's monitoring plan? _____ yes _____ no

9. Does the student's parent(s) or guardian(s) have proof of basic primary medical insurance coverage and liability insurance coverage which names TSSAA as an insured party? _____ yes _____ no

If not, does the local school system or private school have insurance that extends coverage to the student? _____ yes _____ no

10. What is the amount of participation fee being charged by the LEA or private school where tuition must be charged in order for the student to participate? _____

11. Does the student meet all other TSSAA eligibility requirements (examples: age, semester, repeating, transfer, physical examination, etc.)? _____ yes _____ no

12. Does the student have an athletic record at a TSSAA member school or other state association member school in the past twelve (12) months? _____ yes _____ no

If so, where and in what sport(s)? _____

By signing this form, I verify that the above information is correct and has been thoroughly reviewed.

Principal Name (Print) _____ Date _____

Signature of Principal _____ Date _____

Director/Head of School (Print) _____ Date _____

Signature of Director/Head of School _____ Date _____