The School District of Escambia County
Student Athlete Eligibility Review Form

REQUEST FOR STUDENT ATHLETE REINSTATEMENT OF ELIGIBILITY

Please PRINT Clearly

School Year: 2019-2020

Parent Information

Parent Name: _____
Name

Home Address: _____   _____
Street Address   *Apartment/Unit #*

_____   _____   _____
City   *State*   *ZIP Code*

Telephone: (____) _____   Alternate Phone: (____) _____
Home   *Work/Cell/Other*

Student Information

First Student: _____   _____   _____   _____   _____   _____
First Name   *Last Name*   *Age*   *Gender*   *Race*   *Grade*

_____   _____   _____
Previous School   *School of Residence*   *Date of Transfer*

Reason for Request

I. Has the student athlete's transfer request been approved by the Office of School Choice? Yes _____ No _____

II. What sport does the student athlete request eligibility for participation? _____

III. What was the student athlete's last date of participation in that sport? (participation is defined as tryouts, workouts, practices, contests, etc.)_____

IV. Student Athlete exemption requested (Check one) (Refer to SOP on Eligibility Review)

_____ Dependent children of active military personnel whose move resulted from military orders.

_____ Children who have been relocated due to foster care placement in a different school zone.

_____ Children who move due to court-ordered change of custody due to separation or divorce, or the serious illness or death of a custodial parent.

_____ Authorized for good cause in district or charter school policy.

I understand that providing fraudulent, false, or erroneous information to the SAER committee will result in the student athlete being prohibited from participating in athletics for one (1) calendar year from the date on which the information is submitted. In addition, I understand that any fraudulent, false, or erroneous information submitted to the SAER committee for review and consideration will be submitted to the Florida High School Athletic Association (FHSAA) for disciplinary consideration.

Parent Signature _____   **Date** _____

Return signed form to Athletic Director at the school.

Date received:_____

File #: _____

Hearing date: _____

Approved:_____

Denied:_____