**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Year Entered 9th Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the student enrolled in a home school study program that satisfies all requirements of Tennessee Code Ann. § 49-6-3050(b)? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

1. Was the student registered with the Schools prior to the start of practice in the sport?

 \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

1. Does the student and his/her parent(s) or guardian(s) have a legal residence within the school zone? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

1. Is the student enrolled in a curriculum that has been approved by the parent/guardian and Director of Schools (public) \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

1. Does the student’s course of study include a minimum of five (5) academic courses?

\_\_\_\_\_\_\_\_\_\_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.

1. Did the student earn five or more credits the previous school year based on the LEA/private school’s monitoring plan? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

1. Does the student’s parent(s) or guardian(s) have proof of basic primary medical insurance coverage and liability insurance coverage which names TSSAA/TMSAA as an insured party?

 \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

*If the parent/guardian cannot provide proof of basic liability insurance naming TSSAA/TMSAA as an additional insured, the attached Indemnity Agreement must be completed and submitted to the state office.*

1. Does the student meet all other TSSAA/TMSAA eligibility requirements (examples: age, semester, repeating, transfer, physical examination, etc.)? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

1. Does the student have an athletic record at a TSSAA/TMSAA member school or other state association member school in the past twelve (12) months? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

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

1. Was the student enrolled and in regular attendance in home school the past twelve (12) months? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no

If not, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I verify the above information is correct

**Parent Signiture** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature of** **Athletic Director**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_