



REQUIRED FHSAA ELIGIBILITY FIELDS

***Bolded** must be entered for eligibility

For additional information on template formatting please visit the following link:

http://www.fhsaa.org/sites/default/files/orig_uploads/homecampus/student_uploads_basic_guide.pdf

*LAST NAME	Mothers Email
Middle Initial	Meetings
*FIRST NAME	Code Of Conduct
*BIRTH DATE	Allergies
*GENDER	Health Insurance
*YEAR (STUDENT CLASSIFICATION – 9, 10, 11, 12)	Doctor
*STUDENT ID	Preferred Hospital
Email Address	Clearance Notes
City	*DE9 (DATE ENTERED 9TH GRADE – MUST BE EXPECTED DATE FOR 6TH-8TH GRADERS)
State	*EL2 / PHYSICAL (Pre-Participation Physical Evaluation)
Zip code	*EL3 (Consent and Release from Liability Certificate)
Country	*EL5 (Academic Performance Contract for Athletic Eligibility)- WHEN APPLICABLE
Home Phone	*GA4 – (Affidavit of Compliance with FHSAA Policy on Athletic Recruiting) WHEN APPLICABLE
Parents Names	*INS (INSURANCE)
*GPA	Type
Eligibility	DOE Race Equity
Fathers Cell	
Mothers Cell	
Fathers Email	