



# ELIGIBILITY CENTER

## ADMINISTRATOR AND ACCORDANCE STATEMENT

Return the completed form to [ec-processing@ncaa.org](mailto:ec-processing@ncaa.org). Incomplete forms will not be used.

I served as the home school administrator for:

Student Name: \_\_\_\_\_ NCAA ID: \_\_\_\_\_

I administered the home school program in the following ways (*check all that apply*):

☐ Taught the courses.

☐ Awarded grades and credits.

☐ Evaluated the coursework.

☐ Managed the home school program.

Home School Administrator Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Relationship to Student (*check one*): ☐ Parent ☐ Guardian ☐ Other

If other, please explain:

Home School Umbrella Program Name (*if applicable*): \_\_\_\_\_

Home School Umbrella Program Email (*if applicable*): \_\_\_\_\_

I affirm that the home school was conducted in compliance with the laws of the state of \_\_\_\_\_ . I am able to provide supporting documentation.

I affirm that student above was home schooled for grade(s) (*check all that apply*):

☐ 9th

☐ 10th

☐ 11th

☐ 12th

*Start of Ninth Grade:* This date should reflect when the student started ninth grade, regardless of where the student was attending ninth grade (mm/dd/yyyy): \_\_\_\_\_

I affirm that I have reviewed and determined that all home school transcripts and the information contained within are accurate, whether created by a parent/guardian and/or home school umbrella program.

Printed Name: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Note:** All submitted documents must come from an email listed on this form.