

Waynesboro Area School District

Dr. Rita Sterner-Hine Superintendent

Dr. Todd Dishong Assistant Superintendent

APPLICATION FOR CYBER CHARTER SCHOOL STUDENT PARTICIPATION IN EXTRA-CURRICULAR PROGRAM

TO: Superintend	ent of the V	Waynesboro A	Area School	l District:				
I,	, am the parent/guardian of							
who is a student cu	olled at				c	yber charter s	chool, Ir	
grade. `	We reside a	.t					,	and my
phone number is								
Charter school stud								
		•	•				•	
am requesting the a	above name	d child partici	pate in an ex	xtra-curricular ac	ctivity in the	school district	or in a sport(s	s)
indicated below, cu	arrently spo	nsored by the	school distr	ict. I understand	l that in order	for my child	to participate,	he/she
will be required to	adhere to th	ne same rules,	regulations	(including P.I.A	.A., if applica	able), as well a	s all medical,	,
attendance, and aca	ademic stan	dards as set fo	orth for all o	ther students na	rticinating in	the above liste	ed activity. In	the even
				-			•	
that my child with		·		of listed above or	our family n	noves out of the	ie Waynesbor	o Area
School District, I w	vill notify th	ne district imm	nediately.					
Fall	Parents Initials	Winter	Parents Initials	Spring	Parents Initials	List extra- curricular activity	Parents Initials	
Cheer		Basketball		Baseball		Band		1
Cross Country		Cheer		Soccer				
Field Hockey		Gymnastics		Softball				
Football		Swimming		Track & Field				
Golf		Wrestling		Volleyball				
Soccer								
Volleyball								J
Parent / Guardian S	Signature: _							
Commonwealth of	Pennsylvan	nia						
County of:			·					
Sworn to and subso	of			, 20	<u>.</u> .			
Notary Public Sign	ature:							
Approved	Denied		All Cyber S	All Cyber School paperwork is current: YES / NO				
Dr. Rita Sterner-H	WASD Chi	WASD Child Accounting – Michaela Robinson						