

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION
IN SANFORD SCHOOL DEPARTMENT COCURRICULAR ACTIVITIES**

The parent (or student if 18 years of age or older) must submit a separate application for each activity in which participation is desired.

STUDENT INFORMATION

Student's Name: _____

Student's Date of Birth: _____

Grade in Private School: _____

Student's Address: _____

Phone Number: _____

Parent/Guardian's Name: _____

Private School Name: _____

Private School Address: _____

Private School Phone Number: _____

Private School Principal/Head's Name: _____

Student is Applying for Participation in the Following Activity:

VERIFICATION OF ELIGIBILITY

I authorize _____ to provide to **Sanford School Department** upon its request all information necessary to verify that my son/daughter, _____ meets the eligibility requirements for participation in the cocurricular activity that is the subject of this application.

Parent's Signature (or Student's, if 18 or older)

Date

STUDENT PARTICIPATION AGREEMENT

I agree to comply with all **Sanford School Department** policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to **Sanford School Department** students participating in the cocurricular activity that is the subject of this application.

Student's Signature

Date

SUPERINTENDENT'S DECISION

I agree/do not agree to allow _____ to participate in the following activity:

Superintendent's Signature

Date

First Reading: 8/15/17
Policy Adopted: 9/11/17