Georgia Association of Private & Parochial Schools

Fayetteville, GA 30214 <u>www.gappschools.com</u> contact@gappschools.com (678) 679-7123



AES Student Application:

Date:	
Student's Name (as it appears on Birth Certi	ificate):
Date of Birth:	
Name of GAPPS School that student is apply	ying to participate with:
Has the student been enrolled at any schoo	I (public, private, other) since beginning 9th Grade?
Yes No (if yes, a copy	of his/her transcript is required from that school)
If yes, name and location of school?	
However, the eligibility will be limited by the only apply if the student was further along i is 14 years old but is technically in 11th grad	
=	ling AES participation in the GAPPS manual. I am also aware
-	ed with the submission of this application. This \$10.00 fee of the Student Addition Deadline each season. At this
	he GAPPS website for approval for that season.
Head of School's Signature:	Printed Name:
Athletic Director's Signature:	Printed Name:
Parent's Signature:	Printed Name

In addition to this form, please be aware that GAPPS School must fill out the AES Form on GAPPS Website. This includes the submission of Birth Certificate, Current Home Address, and a copy of your Homeschool Declaration of Intent.