

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN
CAPE ELIZABETH CO CURRICULAR 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 _____ [private school name] to provide to the Cape Elizabeth School Department upon its request all information necessary to verify that my son/daughter, _____ [student's name] meets the eligibility requirements for participation in the co curricular 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 Cape Elizabeth School Department policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to Cape Elizabeth students participating in the co curricular activity that is the subject of this application.

Student's Signature

Date

Adopted: _____