

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN  
LISBON SCHOOL DEPARTMENT 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Private School Principal/Head's Name: \_\_\_\_\_

Student is Applying for Participation in the Following Activity: \_\_\_\_\_

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**VERIFICATION OF ELIGIBILITY**

I authorize \_\_\_\_\_ to provide **Lisbon School Department** upon its request all  
(Private School Name)  
information necessary to verify that my son/daughter, \_\_\_\_\_ 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 **Lisbon School Department** policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to **Lisbon School Department** students participating in the co-curricular activity that is the subject of this application.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date