

PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN LISBON SCHOOL DEPARTMENT EXTRACURRICULAR 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. Lisbon School Department will verify eligibility before the student is allowed to try out for the requested activity.

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: _____

THE FOLLOWING DOCUMENTATION WILL BE REQUIRED FOR VERIFICATION OF ELIGIBILITY TO TRY OUT FOR PARTICIPATION:

Evidence that the student currently meets the same behavioral, disciplinary, attendance and other eligibility applicable to all students in Lisbon School Department;

Student's written agreement to comply with the same behavioral, disciplinary, attendance and other eligibility applicable to all students in Lisbon School Department;

- ✓ Documentation of sports physical (if applicable) and clearance to play;
- ✓ Documentation of immunization presented;
- ✓ Evidence of insurance;
- ✓ Documentation of age eligibility;
- ✓ Documentation of academic standing (grades or other evidence that academic eligibility standards have been met); and
- ✓ Student's written agreement to abide by the same transportation rules that apply to regularly enrolled students.

VERIFICATION OF ELIGIBILITY

I authorize _____ to provide to Lisbon School Department upon its request all
(Private school name)
information necessary to verify that my son/daughter, _____ meets the eligibility
(Student's name)
requirements for participation in the extracurricular activity that is the subject of this application.

I agree to provide to Lisbon School Department documentation of immunization, insurance and sports
physical and clearance to play (if applicable) if such information is not maintained at _____
_____.

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 extracurricular activity that is the subject of this application.

I also agree to abide by the same transportation rules that apply to all Lisbon School Department
participants in this activity.

Student's Signature

Date