

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN
CAPE ELIZABETH 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. The Cape Elizabeth 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:

Private School 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 Cape Elizabeth Schools;

Student's written agreement to comply with the same behavioral, disciplinary, attendance and other eligibility applicable to all students in Cape Elizabeth Schools;

Documentation of sports physical (if applicable) and clearance to play;

Documentation of immunization presented;

Evidence of insurance;

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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 _____ [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 extracurricular activity that is the subject of this application.

I agree to provide to the Cape Elizabeth School Department documentation of immunization, insurance and sports physical and clearance to play (if applicable) if such information is not maintained at _____ [private school name].

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 extracurricular activity that is the subject of this application.

I also agree to abide by the same transportation rules that apply to all Cape Elizabeth participants in this activity.

Student's Signature

Date

Adopted: December 13, 2011