VERIFICATION OF PRIVATE SCHOOL STUDENT ELIGIBILITY FOR PARTICIPATION IN CAPE ELIZABETH EXTRACURRICULAR ACTIVITIES

A separate application must be received for each activity in which participation is desired. This form is used to verify eligibility and to approve/deny participation.

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:

FOR EXTRACURRICULAR ACTIVITIES

Written application received	[Date]
Student's written agreement to comply other rules applicable to all students in	with behavioral, disciplinary, attendance and Cape Elizabeth Schools
Sports physical (if applicable) performe Cleared to play? Yes / No	d on[Date];
Documentation of immunization presen	ted
Documentation of insurance	
Documentation of age eligibility	

CAPE ELIZABETH SCHOOL DEPARTMENT

VERIFICATION OF PRIVATE SCHOOL STUDENT ELIGIBILITY FOR PARTICIPATION IN CAPE ELIZABETH EXTRACURRICULAR ACTIVITIES

Documentation of academic standing (prince evidence that academic eligibility has been	1 2 0	ades or other
Student's written agreement to abide by sam students	ne transportation as reg	ularly enrolled
Student has completed tryout		
Student has been selected/not selected for the activity (circle one)		
Decision by:	[Name and Title]	Date:
Student/parent notified of decision: Date:	Method:	

Adopted: December 13, 2011