

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN BEALS
ELEMENTARY SCHOOL COCURRICULAR 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 _____ to provide to Beals Elementary School upon
Private School Name

its request all information necessary to verify that my son/daughter,

_____ meets the eligibility requirements for participation in the
Student's Name

cocurricular 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 Beals School Department policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to Beals Elementary School students participating in the cocurricular activity that is the subject of this application.

Student's Signature

Date

DATE ADOPTED: December 01, 2011