

ELIGIBILITY



****Must complete 3 sessions for this eligibility period****

STUDENT NAME AND TEACHER SIGNATURE MUST BE LEGIBLE OR WILL NOT BE ACCEPTED

ATHLETIC/ACTIVITY STUDY TABLE PASS

Date of Session: _____ Sport/Activity: _____

Location/TIME of Study Session: _____

Student Name; _____

Teacher signature: _____

STUDY TIME (30-45min required) LOGGED w/ Teacher: _____

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