

APPENDIX D

**HOME SCHOOL STUDENT
CO-CURRICULAR REQUEST
INTERSCHOLASTICS**

**Return To:
Upper Adams School District
Attention: Mrs. Candy Bretzman
District Office
161 North Main Street
Biglerville, PA 17307
(Due March 15th)**

Date _____

Student's Name _____

Grade _____

Supervisor _____

Address _____

Phone Number _____ E-Mail _____

List sports in which the student may participate.
