

ACTIVITIES ELIGIBILITY FORM
Columbia Falls High School

DO YOU PLAN ON PARTICIPATING IN AN EXTRA-CURRICULAR ACTIVITY?

Yes _____ **No** _____ **If yes, which Activity/Activities?** _____

NAME: _____ (Please print)
Last Name First Name Middle Initial

DATE OF BIRTH: _____ **GRADE:** _____

What date do you begin high school at Columbia Falls? _____

Do you reside with your parents in District Six? Yes ___ No ___

If no to the above question, with whom do you reside? _____

Did you pass at least FOUR solid classes (classes that meet the equivalent of five periods each week) Last Semester? Yes ___ No ___

Are you planning to enroll in at least FOUR solid classes (classes that meet the equivalent of 5 periods each week) at CFHS?

How many semesters have you actually attended high school?

_____ # of 1st semesters

_____ # of 2nd semesters

List the names of High Schools and location and dates you have attended:

Name of School City, State Dates attended

Name of School City, State Dates attended

Name of School City, State Dates attended

Student Signature

Parent Signature