FAYETTE COUNTY PUBLIC SCHOOLS MIDDLE SCHOOL PARTICIPATION ON HIGH SCHOOL TEAMS FORM

This Form is to be completed by the parent/guardian and address verified by the high school athletic director.

Parent Signature	Date:	
GIVING FALSE INFORMATION ON THIS APPLICATION WITHE FRESHMAN YEAR OF HIGH SCHOOL.	ILL LEAD TO YOU BEING RULED INELIGIBLE TO F	PARTICIPATE FOR
I UNDERTSAND THAT I CANNOT PRACTICE, PLAY OR PAIDIRECTOR OF ATHLETICS. I UNDERSTAND THAT I AM O INTENTIONS OF WHERE I WANT TO GO. THIS APPLICAT	NLY ELIGIBLE AT MY DISTRICT HIGH SCHOOL RI	
SPORTS IN WHICH YOU WISH TO PARTICIPATE:		_
GRADE:		
CONTACT PHONE FOR PARENTS (DAYTIME)		
ADDRESS CONFIRMED BY HIGH SCHOOL AD:	ATHLETIC DIRECTOR SIGNATURE	_
		-
STUDENT'S PERMANENT ADDRESS(Address must match address in Infinite Campu	us) ZIP	-
FULL NAME OF LEGAL GUARDIAN / PARENT:		-
STUDENT'S DISTRICTED HIGH SCHOOL:		
STUDENT'S CURRENT MIDDLE SCHOOL:		
STUDENT FULL NAME:		

The Director shall review and rule on these individually. His response shall be e-mailed to the high school athletic director. Please contact your high school AD for additional information.