

FORM B

**ST. TAMMANY PARISH SCHOOL BOARD**

**STUDENT AGREEMENT AND APPLICATION FOR  
MEMBERSHIP IN A SCHOOL SPONSORED STUDENT  
ORGANIZATION**

My child, \_\_\_\_\_, has my permission to participate  
Name of Student

in FCA - Fellowship of Christian Athletes at Covington High School.  
Name of Organization

We have studied the regulations and requirements for participation in school sponsored organizations and agree to abide by the regulations if he/she is selected for membership.

The purpose, bylaws and constitution may be inspected by contacting the sponsor, Katherine Patrick, or the principal.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent or Legal Guardian's Signature Date

\_\_\_\_\_  
Print Parent or Legal Guardian's Name

Please complete all information requested below:

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_