



# West Chester Area School District EXTRA-CURRICULAR CONSENT FORM

The West Chester Area School District Middle School Code of Conduct has been read and understood by the undersigned.

Date \_\_\_\_\_ Activity \_\_\_\_\_

Student (Print Name) \_\_\_\_\_

Student (Signature) \_\_\_\_\_

Parent/Guardian (Print Name) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

Please return the completed form to your school's Athletic Director or Main Office.

