

**INTENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
INDEPENDENT SCHOOL STUDENT**

(To be completed by the Independent school administrator and student's parent/legal guardian)

Pursuant to H.5100 1.118 (SDE: Interscholastic athletics) - This is a new proviso that allows students who attended independent schools to try out for, and if selected, participate in an interscholastic athletic program offered by the district.

I understand the following conditions are required.

- The independent school student is requesting to participate in athletics at his/her residentially assigned school in Richland School District Two. (contact the Richland Two Registrar Office).
- The independent school student must contact the residentially-assigned school to obtain all information involving dates and procedures for "tryouts."
- The independent school student or parent/legal guardian will agree to pay any athletic participation fees normally charged to all Richland School District Two students.
- The independent school student will agree to meet the same standards of academic performance, behavior and other identified requirements as all other Richland School District Two students.
- The independent school student must agree to a release of educational records (transcript and disciplinary records) to the district necessary to verify compliance with participation requirements.
- If approved and selected to participate, the independent school student is responsible for transportation to and from the extracurricular activity.
- The independent school which the student attends does not offer the particular sport for the student's gender.
- The independent school that the student attends is not a member of the South Carolina High School League.

To Be Completed by the Parent and Independent School Administrator

Student Full name: _____
Home address: _____
Public school district*: _____ Public school: _____
Phone number: _____ Email: _____
Birth date (mm/dd/yy): _____ Grade level (for participating year): _____
Independent school name: _____
Extracurricular activity: _____ School year: _____
Name of Independent school administrator: _____ Official title: _____
Administrator's phone number: _____ Email: _____

By signing below, the Independent School Administrator and the Parent/Legal Guardian confirm their agreement to the terms stated above and certify the information provided is accurate.

Independent School Administrator Name (Print): _____

Signature: _____ **Date:** _____

Parent/Legal Guardian Name (Print): _____

Signature: _____ **Date:** _____

Note: Send completed form to the designated administrator of the student's residentially-assigned school AND send a copy to the Richland School District Two Registrar Office: Fax Number: 803-738-7378 or clausi@richland2.org and tsolomon@richland2.org