

**INTENT TO PARTICIPATE IN EXTRACURRICULAR ACTIVITIES
CHARTER SCHOOL STUDENT**

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

Pursuant to H. 3241 59-40-50 Section 6, a charter school student is eligible to participate in extracurricular activities at the student's resident public school consistent with eligibility standards as applied to full-time students of the resident public school.

I understand the following conditions are required:

- The charter school student is requesting to participate in extracurricular activities at his/her residentially-assigned school (contact the District Registrar's Office).
- The charter 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 charter school student must contact the residentially-assigned school to obtain all information involving dates and procedures for "tryouts."
- The charter school student or parent/legal guardian will agree to pay any participation fees normally charged to all Richland School District Two students.
- The charter school does not offer a similar extracurricular program or activity.
- The charter school student must agree to a release of educational records (transcript and discipline) to the district necessary to verify compliance with participation requirements.
- If approved and selected to participate, the charter school student is responsible for transportation to and from the extracurricular activity.

To Be Completed by the Parent and Charter 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): _____
 Charter school name: _____
 Extracurricular activity: _____ School year: _____
 Name of Charter school administrator: _____ Official title: _____
 Administrator's phone number: _____ Email: _____

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

Charter 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 District Registrar's Office: Fax Number: 803-738-7378 or clausi@richland2.org and tsolomon@richland2.org.