

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN
BIDDEFORD SCHOOL DISTRICT EXTRACURRICULAR ACTIVITIES**

The parent (or student if 18 years of age or older) must submit a separate application for each activity in which participation is desired. The Biddeford School District will verify eligibility before the student is allowed to try out for the requested activity.

STUDENT INFORMATION

Student's Name:

Student's Date of Birth:

Grade in Private School:

Student's Address:

Phone Number:

Parent/Guardian's Name:

Private School Name:

Private School Address:

Private School Phone Number:

Private School Principal/Head's Name:

Student is Applying for Participation in the Following Activity: _____

**THE FOLLOWING DOCUMENTATION WILL BE REQUIRED FOR VERIFICATION
OF ELIGIBILITY TO TRY OUT FOR PARTICIPATION:**

Evidence that the student currently meets the same behavioral, disciplinary, attendance and other eligibility applicable to all students in the Biddeford School District;

Student's written agreement to comply with the same behavioral, disciplinary, attendance and other eligibility applicable to all students in the Biddeford School District;

Documentation of sports physical (if applicable) and clearance to play;

Documentation of immunization presented;

Evidence of insurance;

Documentation of age eligibility;

Documentation of academic standing (grades or other evidence that academic eligibility standards have been met); and

Student’s written agreement to abide by the same transportation rules that apply to regularly enrolled students.

VERIFICATION OF ELIGIBILITY

I authorize _____ to provide to the Biddeford School District upon
[Private school name]

its request all information necessary to verify that my son/daughter, _____
[Student’s name]

meets the eligibility requirements for participation in the extracurricular activity that is the subject of this application.

I agree to provide to the Biddeford School District documentation of immunization, insurance and sports physical and clearance to play (if applicable) if such information is not maintained at _____
[Private school name]

Parent’s Signature (or Student’s, if 18 or older)

Date

STUDENT PARTICIPATION AGREEMENT

I agree to comply with all the Biddeford School District’s policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to the Biddeford School District students participating in the extracurricular activity that is the subject of this application.

I also agree to abide by the same transportation rules that apply to all the Biddeford School District participants in this activity.

Student’s Signature

Date

Adopted: November 22, 2011