## WEST SHORE SCHOOL DISTRICT

## Notice of Intent to Participate In Extra-Curricular Programs Home Education, Private School Coop or Cyber-Charter School Student-Secondary 2023-24 School Year

То	the Principal or Athletic Director of:			
	(Name of West Sho	ore School District School)		
	I attest that I am the parent, guardian, or leging is enrolled in a District-approved home education agreement with the West Shore School	cation program, or enrolled in a priva		
	I attest that I am the parent, guardian, or legalist is enrolled in an approved Pennsylvania cyb		ow, and that he/she	
	(Name of	f School)		
S	Student Name:	Grade:		
S	Street Address:	Date of Birth:		
(	City, Zip	Phone Number:		
I aı	m requesting that my child participate in the fo	llowing District activity/activities:		
Ву	signing this form below, I acknowledge the fo	llowing:		
1)	That is my child's assigned school as specified in Boar Policy No. 206 <u>Assignment Within District</u>			
2)	That my child must comply with all policies, rules, and regulations of the governing organization of the activity including those related to participation fees			
3)	That my child will comply with all applicable policies of the West Shore School District, specifically all those relating to student conduct			
4)	That my child must abide by the Athletic Code of Conduct if participating in interscholastic athletics (student signature indicating agreement required below)			
	a) If participating in interscholastic athletics	, I will:		

i) Certify in writing to the Athletic Director, prior to the particular sports season, that my child who is enrolled in a home education program or private school, is academically eligible to

participate based on PIAA and District- approved eligibility requirements

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- ii) Arrange for my child's cyber or charter school to provide information, prior to the particular sports season, that my child is academically eligible to participate based on PIAA and District-approved eligibility requirements.
- b) Submit a weekly verification form throughout the sports season to the Athletic Director by noon Friday
  - i) For a home education or private school student, verify that my child is academically eligible to participate in the sport for which he/she was accepted
  - ii) For a cyber or charter school student, arrange for such school to provide weekly verification that my child is academically eligible to participate in the sport for which he/she was accepted.
- 5) That I will communicate the need for any accommodations because of a disability to the Principal/Athletic Director at least thirty days prior to the start of the school year or practice period

Parent Signature	Date	
Student Signature	Date	
Athletic Director Signature	Date	
Principal Signature	Date	
Director of Student Services Signature	Date	

RETURN FORM TO BUILDING PRINCIPAL OR ATHLETIC DIRECTOR