

WEST SHORE SCHOOL DISTRICT
Notice of Intent to Participate In Extra-Curricular Programs
Home Education, Private School or Cyber-Charter School Student-Elementary
2024-25 School Year

To the Principal of _____
(Name of West Shore School District School)

_____ I attest that I am the parent, guardian, or legal custodian of the student named below, and that he/she is enrolled in a private school or District-approved home education program and that I am the supervisor of this program.

_____ I attest that I am the parent, guardian, or legal custodian of the student named below, that he/she is enrolled in an approved Pennsylvania cyber or charter school: _____
(Name of school)

Student Name	Grade
Street Address	Date of Birth
City, State, Zip	Phone Number

I am requesting that my child participate in the following district activity(ies);

By signing this form below, I acknowledge the following:

- 1) That _____ is my child's assigned school as specified in Board Policy No. 206 Assignment Within District.
- 2) That my child must comply with all policies, rules, and regulations of the governing organization of the activity.
- 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 I will communicate the need for any accommodations because of a disability to the Principal at least thirty (30) days prior to the start of the school year or activity start date.

Parent Signature

Date

FOR DISTRICT USE

Received by _____
Principal Signature

Date

Director of Student Services

Date