WEST SHORE SCHOOL DISTRICT

Notice of Intent to Participate in Extra-Curricular Programs
Home Education, Private School or Cyber-Charter School Student-Elementary
2026-27 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

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