WEST SHORE SCHOOL DISTRICT
Notice of Intent to Participate in Extra-Curricular Programs
Home Education, Private School Coop or Cyber-Charter School Student-Secondary
2026-27 School Year

To the Principal or Athletic Director 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 District-approved home education program, or enrolled in a private school having a coop agreement with the West Shore School District.

____ I attest that I am the parent, guardian, or legal custodian of the student named below, and 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, Zip		Phone Number:	

I am requesting that my child participate in the following District activity/activities:

_____

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 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

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