

# WEST SHORE SCHOOL DISTRICT

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Todd B. Stoltz, Ed.D.  
Superintendent of Schools

## WEEKLY ELIGIBILITY VERIFICATION

Student's Name: \_\_\_\_\_  
(please print)

Home School or Cyber Charter School (circle one)

If cyber or charter, print name of school student attends: \_\_\_\_\_

My signature below verifies that my child, a student in a home education program, or a cyber or charter school student, has met all of the weekly academic and attendance requirements for the West Shore School District for the week of \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

***This Weekly Eligibility Verification form must be submitted in the school office to the attention of the athletic director by noon of the last day of the school week.***

12/05/2017