WEST SHORE SCHOOL DISTRICT

Notice of Intent to Participate In Extra-Curricular Programs by a Home Education Student or Charter School Student-Secondary 2017-18 School Year

| I attest that I am the parent, guardian, or legal custodian of the student named below, that he/she is enrolled in a 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 charter school: (name of school) | |
|---|--|
| | |
| 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 |
| 2) That my child must comply with all policies, rules, and regular | ations 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 student conduct. | West Shore School District, specifically all those relating to |
| home education program, is academically eli- eligibility requirements; b) Arrange for my child's charter school to provid is academically eligible to participate based on I ii) Submit a weekly verification form throughout the sp a) For a home education student, verifying that i which he/she has been accepted; b) For a charter school student, arranging for suc- academically eligible to participate in the sport for | to the particular sports season, that my child who is enrolled in a igible to participate based on P.I.A.A. and District approved le information, prior to the particular sports season, that my child P.I.A.A. and District approved eligibility requirements. Forts season to the Athletic Director by noon Friday: my child is academically eligible to participate in the sport for the charter school to provide weekly verification that my child is for which he/she has been accepted. Date Date |
| | |
| FOR DISTRIC | T USE |
| Received by: Principal | Date |
| Director of Pupil Services | Date |

Comments:

Recommendation:

☐ Approve

☐ Disapprove