

FOR PARENT/STUDENT USE

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION
IN BRUNSWICK SCHOOL DEPARTMENT EXTRACURRICULAR
ACTIVITIES**

The parent (or student if 18 years of age or older) must submit a separate application for each activity in which participation is desired. The Brunswick School Department will verify eligibility before the student is allowed to try out for the requested activity.

STUDENT INFORMATION

Student's Name: _____

Student's Date of Birth: _____

Grade in Private School: _____

Student's Address: _____

Phone Number: _____

Parent/Guardian's Name: _____

Private School Name: _____

Private School Address: _____

Private School Phone Number: _____

Private School Principal/Head's Name: _____

Student is Applying for Participation in the Following Activity:

**DOCUMENTATION CHECKLIST OF ITEMS REQUIRED FOR
VERIFICATION OF ELIGIBILITY TO TRY OUT FOR PARTICIPATION:**

_____ Evidence that the student currently meets the same behavioral, disciplinary, attendance and other eligibility applicable to all students in the Brunswick School Department

_____ Student's written agreement to comply with the same behavioral, disciplinary, attendance and other eligibility applicable to all students in the Brunswick School Department

_____ Documentation of sports physical (if applicable) and clearance to play;

_____ Documentation of immunization presented;

_____ Evidence of insurance;

_____ Documentation of age eligibility;

_____ Documentation of academic standing (grades or other evidence that academic eligibility standards have been met); and

_____ Student's written agreement to abide by the same transportation rules that apply to regularly enrolled students.

VERIFICATION OF ELIGIBILITY

I authorize _____ (**Private School Name**) to provide to the Brunswick School Department upon its request all information necessary to verify that my son/daughter, _____ meets the eligibility requirements for participation in the extracurricular activity that is the subject of this application.

I agree to provide to the Brunswick School Department documentation of immunization, insurance and sports physical and clearance to play (if applicable) if such information is not maintained at _____ (**Private School Name**).

Parent's Signature (or Student's, if 18 or older)

Date

BRUNSWICK SCHOOL DEPARTMENT

STUDENT PARTICIPATION AGREEMENT

I agree to comply with all Brunswick School Department policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to Brunswick School Department students participating in the extracurricular activity that is the subject of this application.

I also agree to abide by the same transportation rules that apply to all Brunswick School Department participants in this activity.

Student's Signature

Date

Adopted: 9/12/12