

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN
WELLS-OGUNQUIT CSD EXTRA-CURRICULAR 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. Wells-Ogunquit CSD 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: _____

**THE FOLLOWING DOCUMENTATION WILL BE 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 Wells-Ogunquit CSD;

Student's written agreement to comply with the same behavioral, disciplinary, attendance and other eligibility applicable to all students in Wells-Ogunquit CSD;

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 _____ (name of Private School) to provide to Wells-Ogunquit CSD upon its request all information necessary to verify that my son/daughter, _____ meets the eligibility requirements for participation in the extra-curricular activity that is the subject of this application.

I agree to provide to Wells-Ogunquit CSD documentation of immunization, insurance and sports physical and clearance to play (if applicable) if such information is not maintained at _____ (name of Private School).

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

Date

Printed Name

STUDENT PARTICIPATION AGREEMENT

I agree to comply with all Wells-Ogunquit CSD policies, administrative procedures, and behavioral, disciplinary, attendance and other rules that apply to Wells-Ogunquit CSD students participating in the extra-curricular activity that is the subject of this application.

I also agree to abide by the same transportation rules that apply to all Wells-Ogunquit CSD participants in this activity.

Student's Signature

Date

Printed Name

Adopted by the Wells-Ogunquit C.S.D. School Committee:

02/01/12