

**Fayette County Public Schools  
Address Verification**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, verify  
that

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

is the address where \_\_\_\_\_ resides with me.  
(Student's Name)

I understand that my student athlete must live with me within the \_\_\_\_\_ attendance area or have specific permission to attend \_\_\_\_\_ in accordance with Fayette County Board Policy 9.11 in order to participate in any school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposes of eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that she/he may be subject to penalty up to and/or including one school year of ineligibility and forfeiture of games won in which she/he played.

My signature below verifies that I have read and understand this information. I also understand that if I or if my child moves while enrolled, I will notify the school in writing and I will personally notify the coach.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

- DATE OF ENROLLMENT \_\_\_\_\_
- What school(s) did you attend last year (this includes middle school or high school)?  
\_\_\_\_\_
- Have you transferred to a FCPS from another school for this year?(yes or no), if yes what school?  
\_\_\_\_\_
- If you did transfer, did you participate in athletics at your previous school? (yes or no), if yes, varsity or JV?  
\_\_\_\_\_