

FAYETTE COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL PARTICIPATION ON HIGH SCHOOL TEAMS FORM
This Form is to be completed by the parent/guardian and address verified by the high school athletic director.

STUDENT FULL NAME: _____

STUDENT'S CURRENT MIDDLE SCHOOL: _____

STUDENT'S DISTRICTED HIGH SCHOOL: _____

FULL NAME OF LEGAL GUARDIAN / PARENT: _____

STUDENT'S PERMANENT ADDRESS _____

(Address must match address in Infinite Campus) ZIP _____

ADDRESS CONFIRMED BY HIGH SCHOOL AD: _____

ATHLETIC DIRECTOR SIGNATURE

CONTACT PHONE FOR PARENTS (DAYTIME) _____

GRADE: _____

SPORTS IN WHICH YOU WISH TO PARTICIPATE: _____

I UNDERTSAND THAT I CANNOT PRACTICE, PLAY OR PARTICIPATE IN ANY MANNER UNTIL CLEARED BY THE FCPS DIRECTOR OF ATHLETICS. I UNDERSTAND THAT I AM ONLY ELIGIBLE AT MY DISTRICT HIGH SCHOOL REGARDLESS OF MY INTENTIONS OF WHERE I WANT TO GO. THIS APPLICATION MUST BE COMPLETED EACH YEAR.

GIVING FALSE INFORMATION ON THIS APPLICATION WILL LEAD TO YOU BEING RULED INELIGIBLE TO PARTICIPATE FOR THE FRESHMAN YEAR OF HIGH SCHOOL.

Parent Signature

Date:

The Director shall review and rule on these individually. His response shall be e-mailed to the high school athletic director. Please contact your high school AD for additional information.