

**VERIFICATION OF PRIVATE SCHOOL STUDENT ELIGIBILITY FOR PARTICIPATION
IN CAPE ELIZABETH COCURRICULAR ACTIVITIES**

A separate application must be received for each activity in which participation is desired. This form is used to verify eligibility and to approve/deny participation.

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: _____

FOR COCURRICULAR ACTIVITIES

_____ Written application received _____ [Date]

_____ Student's written agreement to comply with behavioral, disciplinary, attendance and other rules applicable to all students in Cape Elizabeth Schools

Student participation in the desired activity is _____ approved _____ not approved

Decision by: _____ [Name and Title] Date: _____

Student/parent notified of decision: Date: _____ Method: _____

Adopted: December 13, 2011