JJIAB-E2 --DELETED-- PRIVATE SCHOOL STUDENTS - APPLICATION FOR PARTICIPATION IN CAPE ELIZABETH EXTRACURRICULAR ACTIVITIES

REMOVAL FROM POLICY MANUAL: MAY 13, 2025

~~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 Cape Elizabeth School Department (CESD) 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 Cape Elizabeth Schools;~~

Student's written agreement to comply with the same behavioral, disciplinary, attendance, and other eligibility applicable to all students in Cape Elizabeth Schools;

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 the CESD upon it request all

information necessary to verify that my child,_____ (student's name) meets

the eligibility requirements for participation in the extracurricular activity that is the subject of this application.

I agree to provide to the CESD documentation of immunization, insurance and sports physical and clearance to play (if applicable) if such information is not maintained at

_____ (private school name).

Parent Signature (or student, if 18 or older) Date

STUDENT PARTICIPATION AGREEMENT

I agree to comply with all CESD, attendance and other rules that apply to the Cape Elizabeth students participating in the cocurricular activity that is the subject of this application.

Student Signature Date

Adopted:

- December 13, 2011

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