

PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION IN  
SCARBOROUGH SCHOOL DEPARTMENT CO-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.

**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 Building administrator/Head's Name:

Student is Applying for Participation in the Following Activity: \_\_\_\_\_

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**VERIFICATION OF ELIGIBILITY**

I authorize \_\_\_\_\_ to provide to **Scarborough School Department** upon its  
(Private School)  
request all information necessary to verify that my son/daughter \_\_\_\_\_  
meets the eligibility requirements for participation in the co-curricular activity that is the subject  
of this application.

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

\_\_\_\_\_  
Date

**STUDENT PARTICIPATION AGREEMENT**

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Adopted: March 21, 2013