

Completed by Parent/Guardian

**PRIVATE SCHOOL STUDENT APPLICATION FOR PARTICIPATION
IN BRUNSWICK 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: _____ Date of Birth: _____

Student's Address: _____

Parent/Guardian's Name: _____

Parent/Guardian's/Student's Phone Number: _____

Private School Attending: _____ Students Grade: _____

Private School Address: _____

Private School Phone Number: _____

Private School Principal/Head's Name: _____

Student is Applying for Participation in the Following Activity:

VERIFICATION OF ELIGIBILITY

I authorize _____ (**Name of Private School**) to provide to the Brunswick School Department upon its 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

BRUNSWICK SCHOOL DEPARTMENT

STUDENT PARTICIPATION AGREEMENT

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

Student's Signature

Date

Adopted: 9/12/12