**APPLICATION FOR ATHLETICS ELIGIBILITY**

**FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTN: TEACHERS**

The above student is applying for their eligibility to return to their athletic activities.

Please provide their status by marking in the PASSING or NOT PASSING columns below, along with your signature (*a passing grade is a C- or higher*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pd.** | **SUBJECT** | **PASSING****(C- or higher)** | **NOT PASSING** | **PRINT TEACHER** | **SIGNATURE TEACHER** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |

*To obtain eligibility, the student must receive a passing grade in each class.*

**Athletes: This form must be returned to the athletic office regardless of the result.**

**If eligibility is not achieved, the student may re-apply one week AFTER the date this form is received.**

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| **For Office Use Only** |
| Eligibility Reinstated | Eligibility NOT Reinstated |
| Parent & Coach Notified | Next Application Date: |  |
|  Authorized Signature: Date: |