



Application for Eligibility Athletics & Extracurricular Clubs

FULL NAME: _____ Section: _____

Team/Club: _____ Date: _____

ATTN: TEACHERS

The above student is applying for their eligibility to return to extracurricular activities. Please provide their status by marking in the PASSING or NOT PASSING columns below, along with your signature. (A passing grade is a "D" and higher.)

Pd.	SUBJECT	PASSING (D or higher)	NOT PASSING	PRINT TEACHER	TEACHER SIGNATURE
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 Department regardless of the result.
Extracurricular Club: This form must be returned to Mr. Narish regardless of the result.
If eligibility is not achieved, the student may re-apply one week AFTER the date this form is received.

FOR OFFICE USE ONLY			
Eligibility Reinstated:	<input type="checkbox"/>	Yes	Eligibility Reinstated:
	<input type="checkbox"/>	No	
Parent & Coach Notified:	<input type="checkbox"/>	Yes	Next Application Date:
Authorized Signature:		Date:	