

FAYETTE COUNTY PUBLIC SCHOOLS  
MIDDLE SCHOOL PARTICIPATION ON HIGH SCHOOL TEAMS FORM  
This Form is to be completed by the parent/guardian and address verified by the high school athletic director.

STUDENT FULL NAME: \_\_\_\_\_

STUDENT'S CURRENT MIDDLE SCHOOL: \_\_\_\_\_

STUDENT'S DISTRICTED HIGH SCHOOL: \_\_\_\_\_

FULL NAME OF LEGAL GUARDIAN / PARENT: \_\_\_\_\_

STUDENT'S PERMANENT ADDRESS \_\_\_\_\_

(Address must match address in Infinite Campus) ZIP \_\_\_\_\_

ADDRESS CONFIRMED BY HIGH SCHOOL AD: \_\_\_\_\_

ATHLETIC DIRECTOR SIGNATURE

CONTACT PHONE FOR PARENTS (DAYTIME) \_\_\_\_\_

GRADE: \_\_\_\_\_

SPORTS IN WHICH YOU WISH TO PARTICIPATE: \_\_\_\_\_

**I UNDERTSAND THAT I CANNOT PRACTICE, PLAY OR PARTICIPATE IN ANY MANNER UNTIL CLEARED BY THE FCPS DIRECTOR OF ATHLETICS. I UNDERSTAND THAT I AM ONLY ELIGIBLE AT MY DISTRICT HIGH SCHOOL REGARDLESS OF MY INTENTIONS OF WHERE I WANT TO GO. THIS APPLICATION MUST BE COMPLETED EACH YEAR.**

**GIVING FALSE INFORMATION ON THIS APPLICATION WILL LEAD TO YOU BEING RULED INELIGIBLE TO PARTICIPATE FOR THE FRESHMAN YEAR OF HIGH SCHOOL.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date:

**The Director shall review and rule on these individually. His response shall be e-mailed to the high school athletic director. Please contact your high school AD for additional information.**