

# THE SCHOOL DISTRICT OF NEWBERRY COUNTY

## Interscholastic Activity Participation Application and Permission for 2017-18 (Charter School Students)

**Directions:** This Application is to be filled out by the designated individuals and **the parent/legal guardian must present** the Application with all requested documents and applicable fees to the Superintendent's Office located at 3419 Main Street, Newberry, S.C. **This Application is required for each activity in which the charter school student seeks to participate.** Items marked with an asterisk (\*) are required only for those activities governed by the South Carolina High School League.

**Section I: Required Documentation** – When submitting this application, the parent/legal guardian must have:

1. **Proof of Residence:** **1.** Driver's license or a government issued photo ID; **2.** One current major utility bill (electric, gas, water); and **3.** Current Lease, Property Tax Notice or Mortgage Statement – if not available, a second major utility bill may be submitted.
2. Most recent **report card and final report card from previous school year** (180 day period) (each activity)
3. Proof of vaccinations and immunizations as required by S.C. Code Ann. §44-29-180.
4. \*Student **Physical Examination/Parent Permission Form** completed, signed, and attached (once per year)
5. \***Student Athletic Insurance Fee** (as applicable) (once each year)
6. \***Risk Acknowledgement Form** signed and attached (one time only for entire school career)
7. \***State Certified Copy of Student's Birth Certificate** attached (will be returned to student; one time only for entire school career)

NOTES: All forms online at <http://www.newberry.k12.sc.us>

**Section II: To be completed by the parent/legal guardian of the student**

_____			____/____/____
<b>Interscholastic Activity in which the Student Seeks to Participate</b>			<b>Date of Application</b>
_____	_____	_____	____/____/____
Student's Last Name	First Name	Middle Name	Date of Birth
_____			_____
Address		City/Town	Zip Code
_____			
Name of Parent or Legal Guardian (please print)			
I certify the address above is our legal residence, the above named student resides with me, and I am his/her parent or legal guardian. I authorize the student's home school to release his/her educational records to the NCSL for the purpose of determining eligibility.			
_____			Signed:
Parent or Legal Guardian			

**Section III: To be completed by the Administrator of the student's charter school**

2017-18 Grade Level of Student: _____ Year the Student Entered 7 <sup>th</sup> (for MS student) 9 <sup>th</sup> (for HS student) Grade: _____
Charter School Association _____ Charter School Association Contact number _____
Charter School Association EMAIL _____
I certify the following items regarding the above student's information as being truthful and accurate:
1. The student has been taught in the charter school setting for one full academic year prior to this application.
2. The student is eligible at our home school and has met all requirements for eligibility of the South Carolina Code of Laws (Section 59-39-160) and *Article VII of the South Carolina High School League's Constitution.
_____
Signed: Administrator of Charter School

