The School District of Newberry County Athletic/Interscholastic Participant Application and Permission for Home School Students

Directions: The below information is to be filled out by the designated individuals and **the parent/legal guardian must present** this with all requested documents and applicable fees to the Superintendent's office located at 3419 Main Street, Newberry,
SC. **Please list all activities in which the home school student wishes 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 - Upon presentation of this application, the parent/legal guardian must have:

- 1. Proofs of Residence: <u>1.</u> Driver's license or a government issued photo ID; <u>2.</u> One current major utility bill (electric, gas, water); and <u>3.</u> Current Lease, Home Property Tax Notice, or Mortgage Statement
- 2. Most recent **report card and transcript from previous school year** from your home school association or accountability group (must be on letterhead and signed by records official- 180-day period- each activity)
- 3. Proof of vaccinations and immunizations as require by SC Code Ann. Section 44-29-180.
- 4.*Student Physical Examination/Parent Permission/Risk Acknowledgement and Concussion Form completed, signed, and attached (once per year)
- 5. *State Certified Copy of Student's Birth Certificate (will be returned to student; one time only for entire school career)

| Section II: To be completed | d by the parent/legal guardian | of the student | |
|-------------------------------|---------------------------------|--|---|
| | | | |
| Interscholastic Activities fo | r which the Student Seeks to Pa | rticipate | Date of Application |
| | | | / |
| Student's Last Name | First Name | Middle Name | Date of Birth |
| Address | | City/Town/Zip Code | |
| Name of Parent or Legal Gu | uardian (please print) | | |
| · | - | e-named student resides with me, an chool to release his/her educational r | nd I am his/her records to the SDNC for the purpose of |
| | | Parent or Legal Gua | rdian Signature |

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

| Grade Level of Student: Year the Student Entered 7th (for MS student) 9th (for HS student) Grade: |
|---|
| Home School Association: Contact Number: |
| Home 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 home school setting for one full academic year prior to this application. * August, 20 through June, 20 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. |
| Administrator of Home School Signature |