**FILE: JJ/JJA-E(1)**

**REQUEST/VERIFICATION FORM FOR CHARTER SCHOOL STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITY**

**(To be completed by the charter school administrator and student’s parent/legal guardian)**

Pursuant to S.C. Code of Laws, Section 59-63-100, a charter school student is eligible to participate in extracurricular activities at the student’s resident public school consistent with eligibility standards as applied to full-time students of the resident public school.

I understand the following conditions are required:

* The charter school student is requesting to participate in extracurricular activities at his/her zoned school (contact the district office).
* The charter school student must meet the appropriate requirements of the charter school education program as determined by the charter school governing board.
* The charter school student will agree to meet the same standards of academic performance, behavior, and other identified requirements as all other district students.
* The charter school student must contact the school to obtain all information involving dates and procedures for tryouts.
* The charter school student or parent/legal guardian will agree to pay any participation fees normally charged to all district students.
* The charter school does not offer a similar extracurricular program or activity.

The charter school student must agree to a release of educational records to the district necessary to verify compliance with participation requirements.

If approved and selected to participate, the charter school student is responsible for transportation to and from the extracurricular activity.

**(To be completed by the charter school administrator)**

Charter school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School year (20\_\_-20\_\_)

Name of charter school administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

*Note: Send completed form to the designated administrator of the participating school and send a copy to the district.*

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Parent/Legal guardian signature Date