

M.S.A.D. #72

HOME SCHOOLER PARTICIPATION AUTHORIZATION

This is to certify that _____ - _____ - _____
Student Name Grade Age

of _____ is hereby authorized to participate in the following
Town

school program (s) or activity (ies) at _____:
School

_____	_____ / _____
Class / Teacher	Days of week – Hours of Participation
_____	_____ / _____
Class / Teacher	Days of week – Hours of Participation
_____	_____ / _____
Class / Teacher	Days of week – Hours of Participation

The above named student is hereby authorized to participate in the requested activities. Participation is subject to maintenance of satisfactory attendance, behavioral, and/or other stipulated expectations of the program.

Not approved for the following reason:

Signed _____ Date _____
Principal

Signed _____ Date _____
Superintendent of Schools

Record / Check off what is appropriate when sending to C/O for approval

Start Date: _____ End Date: _____ (or notify Health/SPED when no longer in attendance)
 Parent must submit request in writing OR Authorized by student IEP OR Parent Sport Permission
 Registration/Emerg Form Health Form Residency if never attended in District
 Immunization Birth Certificate Records must be provided if not on file in health office.
 HS Intent on file. IC if attending classes
Gr. 6-8 must comply with middle school sports regulations for permission and physical. *cc. all to C/O

Final : Copy to Health Copy to SPED Copy to School