



LaVille Athletic Department

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Director of Athletics

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Athletic Assistant

Union-North United School Corporation Application for Non-Full-Time Student Athletic Participation Sheet

Form to be turned into the main office for consideration.

Student's Name _____ Grade _____

Address _____

City _____ Zip Code _____

Parent / Guardian Name(s) _____

Parent / Guardian Phone _____ Student's Date of Birth _____

By IHSAA Rule 12-5 and Union-North United School Corporation guidelines students who are not enrolled full-time in the LaVille Schools must meet the following criteria to be considered for participation on school based athletic teams:

1. ___ The student, in conjunction with the school, provides proof to the IHSAA that the spirit of the eligibility rules will not be compromised, including passing a physical examination and participating in the required number of practices in a given sport, and following all other eligibility and participation rules imposed by the IHSAA and LaVille Schools;
2. ___ The student must have been home-schooled or attended a non-accredited, non-public school for the previous three (3) consecutive years;
3. ___ The student completes all state wide examinations as authorized and required by the Indiana Department of Education;
4. ___ The student's family must submit grade information to the school to affirm the student is passing all courses required under IHSAA Rule 18-1. Currently LaVille Schools requires the passing of a minimum of five (5) courses to be eligible to participate on its athletic teams.
5. ___ The student must be enrolled in all applicable ISTEP accountability courses as defined by LaVille Schools. As an example, those courses include grade 7 ISTEP+ math and language arts, grade 8 ISTEP+ math and language arts, Biology I, English 10 GQE ISTEP and Algebra I GQE ISTEP.

This application is only valid for the current school year. Students must reapply yearly for consideration.

Student Signature _____ Date _____

Parent / Guardian Name Printed _____

Parent / Guardian Signature _____ Date _____