



## Application for Eligibility

FULL NAME: \_\_\_\_\_ Section: \_\_\_\_\_

Sport Team: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTN: TEACHERS**

The above student-athlete is applying for their eligibility to return to athletics. Please provide their status in your class by placing a ✓ or X in the PASSING or NOT PASSING columns below, along with your signature. (*Passing grades are a "D" or higher.*) Thank you.

Pd.	SUBJECT	PASSING	NOT PASSING	TEACHER SIGNATURE
1				
2				
3				
4/5				
6				
7				

*To obtain eligibility, the student-athlete must receive a passing grade in each class.*

**This form must be returned to the Athletic Department regardless of the result. If eligibility is not attained, the student may re-apply one week AFTER the date this form is submitted to the Athletics Dept.**

FOR ATHLETIC DEPT USE ONLY			
Eligibility Reinstated: <input type="checkbox"/> Yes	Eligibility Reinstated: <input type="checkbox"/> No		
Parent & Coach Notified: <input type="checkbox"/> Yes	Next Application Date:		
A.D. Signature: _____		Date: _____	