CENTRAL BUCKS SCHOOL DISTRICT
ATHLETIC DEPARTMENT ELIGIBILITY

PLEASE PRINT

NAME_____ **Male / Female**
LAST FIRST MIDDLE (circle)

SCHOOL _____ **SPORT** _____

Date of Birth: ____/_____/____ **Age of Student on Last Birthday**: _____ **Grade**: _____

Place of Birth: _____
City (Not Hospital) State

Address: _____
STREET CITY STATE ZIP

Current Residence is located within the boundaries of the _____ School District

* **Summary of Student's School(s) attended and Sport participation in each Season**:
(Check the grade even if you did not complete the entire season)

GRADE	SCHOOL YEAR	SCHOOL ATTENDED	List Sport Participation in Each Season		
			FALL	WINTER	SPRING
7					

How many semesters have you completed in each grade? (2 semesters equals 1 full year)

7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Have you repeated any grade 7th – 12th? _____Yes _____No

Have all of your High School semesters (9-12) been in the same High School? ____ Yes ____No

If no, where did you attend? _____

Were you absent 15 or more school days (total) during the previous semester? ____ Yes ____No

We certify that the above information is accurate.

_____ _____ _____/_____/_____
Student Signature **Parent Signature** **Date**

**If you have any questions about the information that was requested, please check with your Athletic Department.*