



Dickson County Schools

Application for a Registered Home School Student to Participate in Extracurricular Athletics

Complete this form and return it to the Office of Student Services Prior to August 1 of the current school year. Approval is required prior to participating in any try-out or practice.

School Year: 20__ to 20__

Student Name (Please Print) _____ Today's Date _____

Address _____ School of Zone _____

Parent /Guardian _____

Name

Phone

E-mail or mailing address

Date student registered as home school student for the current school year _____ (CO initial to verify) _____

Year student entered/or will enter ninth (9th) grade _____

Number of hours per day of instruction administered by Parent/Guardian _____

Has the applicant ever established an Athletic Record of Participation in a TSSAA school? Yes ___ No ___

If yes list the school year, school and sport participated in:

School	School Year	Sport(s) Participated
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Has Student Been Expelled from Any Public or Private School System within the past twelve (12) months, or withdrawn as a dropout since entering the ninth (9th) grade? Yes ___ No ___

Please complete the following checklist and attach copies of the following:

- Transcript of all High School courses completed by year. *If none provide a document demonstrating successful promotion into the ninth (9th) grad/or current grade applying for.*
- Verification of Guardianship: *(copy of birth certificate or legal court documents).*
- Verification of residency: *(three forms required; Drivers License, Utility statements, Rent or Mortgage notice).*
- Proof of Basic Primary Medical coverage
- Liability insurance naming TSSAA and Dickson County Board of Education as insured party.

To be answered by the School Principal the applicant is requesting to participate with:

This applicant is academically eligible to participate (has demonstrated five (5) full academic credits which apply to graduation requirements within the last school year)? *Note: this question does not apply to incoming ninth (9th) graders*

Yes ___ No ___

Principals Signature _____

Date

Director of Student Services Signature _____

Date