

# CENTRAL BUCKS SCHOOL DISTRICT ATHLETIC DEPARTMENT ELIGIBILITY

PLEASE PRINT

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

Male / Female  
(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)

7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

Have you repeated any grade 7<sup>th</sup> – 12<sup>th</sup>? \_\_\_\_ 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.*