

APPLICATION FOR A HOME-SCHOOLED STUDENT TO PARTICIPATE IN DISTRICT EXTRACURRICULAR ACTIVITIES

LEGAL NAME OF STUDENT:	DATE OF BIRTH:
LEGAL NAMES OF CUSTODIAL PAREN	T(S)/GUARDIAN(S):
STUDENT'S ADDRESS:	
CITY, STATE, ZIP CODE:	
HOME TELEPHONE:	CELL/DAYTIME PHONE:
EMAIL ADDRESS:	
LAST BOWLING GREEN CITY SCHOOL	.:DATE WITHDRAWN:
DATE OF HIGH SCHOOL STUDENT'S E NINTH GRADE FOR THE FIRST TIME:_	NTRY INTOCURRENT GRADE:
REQUIRED FORMS FOR ATHLETIC PA www.bgcs.k12.oh.us CLICK "ACTIVITIES	RTICIPATION ONLY (GRADES 9-12): (AVAILABLE TO DOWNLOAD AT "then "ATHLETICS – BGHS" select FINALFORMS
 OHIO HIGH SCHOOL ATHLE ATHLETES IN GRADES 9-12 	ETIC ASSOCIATION PHYSICAL & AUTHORIZATION FORMS FOR (ON BGCS WEBSITE)
EMERGENCY MEDICAL FOR	RM (ON FINALFORMS)
INTERSCHOLASTIC CONCL	JSSION INFORMATION SHEET (ON FINALFORMS)
ADDITIONAL REQUIRED FORMS FOR	ATHLETIC PARTICIPATION (GRADES 9-12)
	ES FROM PREVIOUS ACADEMIC QUARTER RADES CANNOT BE USED TO ESTABLISH
COPY OF STUDENT'S BIRTH CERTIFIC	ATE
PARTICIPATION APPROVED BY:	
JONAS L. SMITH, CAA BG ATHLETIC DIRECTOR Phone: (419) 354-0100, EXT. 1003 Email: jsmith@bgcs.k12.oh.us	DATE APPLICATION APPROVED: