

Fairfield City School District Athletic Eligibility

SPORT: _____ / _____ / _____ / _____
Fall Winter Spring Student I.D. #

 Last Name First Name M.I. Date of Birth Gender(M/F) Grade

 Full Street Address City Zip Home Phone

 Parent(s)/ Guardian(s) Name Address (if not the same)

Please read and answer the following questions carefully:

Did you attend a school in the Fairfield City School District last year?
 If no, please list school attended _____ Yes No

Are you currently enrolled in a Fairfield City School?
Yes No

Are you currently living with your Parent(s)/Legal Guardian(s)
 at the above address? Yes No

Have your Parent(s)/Legal Guardian(s) moved from the Fairfield
 City School District and left you behind to attend Fairfield City
 Schools? Yes No

Have you ever withdrawn from Fairfield City School District?
 If yes, please list school(s) you attended and dates of attendance.
 _____ Yes No

Have you ever been enrolled in any other school district besides
 Fairfield City School District? If yes, please list school(s) and dates
 attended _____ Yes No

If any changes to the above information should occur during the sports season,
 please notify your head coach and athletic director immediately. Failure to do so
 could affect your eligibility to participate in sports. All information is correct and
 truthful to the best of my knowledge.

Signature of Student Date