



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

LEGAL NAME OF STUDENT: _____ DATE OF BIRTH: _____

LEGAL NAMES OF CUSTODIAL PARENT(S)/GUARDIAN(S): _____

STUDENT'S ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME TELEPHONE: _____ CELL/DAYTIME PHONE: _____

E-MAIL ADDRESS: _____

LAST DAYTON PUBLIC SCHOOL: _____ DATE WITHDRAWN: _____

DATE OF HIGH SCHOOL STUDENT'S ENTRY INTO
NINTH GRADE FOR THE FIRST TIME: _____ CURRENT GRADE: _____

DPS SCHOOL GEOGRAPHICALLY CLOSEST TO THE STUDENT'S ADDRESS: _____

REQUIRED FORMS FOR ATHLETIC PARTICIPATION ONLY (GRADES 7-12): (AVAILABLE TO DOWNLOAD
AT www.dps.k12.oh.us CLICK "DEPARTMENTS" THEN "ATHLETICS")

_____ OHIO H.S. ATHLETIC ASSOCIATION PHYSICAL & AUTHORIZATION FORMS FOR
ATHLETES IN GRADES 7-12

_____ EMERGENCY MEDICAL FORM

_____ INTERSCHOLASTIC CONCUSSION INFORMATION SHEET

ADDITIONAL REQUIRED FORMS FOR ATHLETIC PARTICIPATION (GRADES 7-12)

_____ COPY OF REPORT CARD WITH GRADES FROM PREVIOUS ACADEMIC QUARTER
(NOTE: SEMESTER, EXAM OR FINAL GRADES CANNOT BE USED TO ESTABLISH
ACADEMIC ELIGIBILITY)

_____ COPY OF STUDENT'S BIRTH CERTIFICATE

PARTICIPATION APPROVED BY:

ELIGIBLE TO PARTICIPATE AT THE FOLLOWING SCHOOL:

MARK BAKER
DPS DIRECTOR OF ATHLETICS
Phone: (937) 542-4070
E-Mail: <mailto:labaker@dps.k12.oh.us>

DATE APPLICATION APPROVED: _____