

Henry Clay Boys Lacrosse Address Verification

Must be completed and returned with other required materials (physical, insurance, etc.) allowing student participation in Henry Clay Athletics.

I, _____, parent/legal guardian of _____,
(PRINTED Full Name of Parent) (Printed Full Name of Student)

verify that

(Street Address)

(City, State ZIP)

is the address where _____ resides with me.
(Printed Full Name of Student)

Please respond to the following questions:

1. What school did the student attend last year, this includes middle or high school and also homeschool?
2. Have you transferred to Henry Clay from another school this school year? Yes / No
If yes, what school?
3. If you did transfer, did you participate in athletics at your previous school? Yes / No
If yes, what sports?

I understand that my student athlete must live with me within the Henry Clay attendance area or have specific permission to attend Henry Clay in accordance with Fayette County Board Policy 9.11 in order to participate in any school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposes of eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that he/she may be subject to penalty up to and/or including one year of ineligibility and forfeiture of games won in which he/she played.

My signature below verifies that I have read and understand this information.

(Parent Signature)

(Date)