Union School District

Request to Participate in District Extracurricular/Intramural Activities by Charter/Cyber Students

| Name of Cyber/Charter School in which the student is enrolled: |
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| Address of the enrolled cyber/charter school: |
| Cyber/Charter contact/phone number: |
| Name of student requesting participation in USD extracurricular/intramural activities: |
| Student's address in Union School District: |
| Student's phone number: |
| Grade level of student: |
| Extracurricular/Intramural activity for which participation is requested: |
| Parent/Guardian's Name: |
| Parent/Guardian's Signature: |
| Cyber/Charter School Approval |
| I approve this student's participation in (Name of cyber/charter representative) |
| Union School District's aforementioned/identified extracurricular/intramural activity and I verify that Cyber/Charter School does not provide a comparable |
| activity/program for this student's participation. I also agree that |
| Ido not approve of this student's participation in |
| (Name of cyber/charter representative) Union School District's aforementioned/identified extracurricular/intramural activity. |
| Signature of Cyber/Charter Representative:Date: |
| *The participation fee shall be deducted from the monthly bill at the conclusion of the athletic season in which the student participates. Students shall not be permitted to participate until this form is completed in full and received by Union School District. |