SECTION 11: MUST BE COMPLETED BY PARENT/GUARDIAN

Parents'/Guardian's Name	
Father's/Guardian's Work/Cell Phone #	
Mother's/Guardian's Work/Cell Phone #	
Parent's/Guardian's Email	
Student's Email	
1. Circle all grades in which student competed for the Butler Area School District in the spectrum 7 8 9 10 11 12	ort of
(write in sport)	
2. Circle all grades in which student competed in another school district in the sport of7 8 9 10 11 12	
(write in sport)	
*If so, what school did the student attend?	
 3. Is the student currently 19 years of age: Circle Yes or No * If YES, what date did they turn 19:(CALL THE ATHLETIC C) You cannot turn 19 before July 1st of the current school year to be eligible without PL)FFICE) AA approval.
4. Did the student repeat any grade beginning with Grade 7: Circle Yes or No *If YES , please write in grade:	
MUST CALL THE ATHLETIC OFFICE IF A GRADE WAS REPEATED	
5. Which Butler school is student currently attending:	
Or Circle: Home School, Cyber/Charter, Alternative	
MUST CALL THE ATHLETIC OFFICE IF ONE OF THE ABOVE IS CIRCLED	
6. School District in which the student currently resides:	
*If NOT in Butler Area School District call Athletic Office.	
7. Did the student attend the Butler Area School District during the past school year: Circle Yes or No	
* If NO, what school did they attend: MUST CALL THE ATHLETIC OFFICE IF CIRCLED NO	
Please understand that an athlete must be passing four subjects each week during the season student misses 20 days in any one semester regardless of reason, the student athlete will be the next 45 school days unless there is an appeal with the PIAA.	
Signature of	
Parent/Guardian:Date:	

(Above line must be signed and dated)