

SELECTION/CLASSIFICATION FORM

The Exceptional Athlete Program is designed to provide opportunities for extraordinary athletes in a sport where they are already proficient enough to participate successfully at the high school level. Please refer to the policy on selection/classification for further detail.

Student's Name _____ Grade _____ Date of Birth _____
 Address _____
 Telephone Number _____

Sport for which student would be considered for advancement: _____

Height _____ Weight _____

1. Parent Permission (Signature indicates approval):

I (we) give permission for our child named above to be considered for the high school sport named above, and to participate in the high school level if he/she successfully progresses through the several stages of evaluation for approval.

	Printed Name	Signature
Parent/Guardian	_____	_____
How much prior experience in the sport indicated above does this student have? _____		

Other significant information I (we), as parent(s), would like to present for consideration as my (our) child goes through the testing process: _____

2. Academic Performance Review by Principal (Signature indicates approval):

I have reviewed the student's records for discipline, academics and attendance, and approve his/her advancement in the requested sport.

	Printed Name	Signature
Building Principal	_____	_____

3. Athletic Department Recommendation (All three signatures indicating approvals are required):

	Printed Name	Signature
Coach	_____	_____
Phys Ed Teacher	_____	_____
Athletic Director	_____	_____

SELECTION/CLASSIFICATION FORM, Con't.**4. Athletic Performance Test by Physical Education Teacher**

I have administered the Athletic Performance Test and this student has successfully passed the test.

Phys Ed Teacher *Printed Name* *Signature*

5. Physical Examination by School Physician

I have performed the physical examination required for selection/classification and approve of this student's participation in the proposed sport according to the School District policy.

School Physician *Printed Name* *Signature*

6. Superintendent Approval

As Superintendent of Schools, I attest that I have reviewed the application process for this student with full and complete recommendations and agree that the student may participate in the sport at an advanced level and that I will notify the Board of Education for such approval.

Supt. of Schools *Printed Name* *Signature*

7. Sports Skill Evaluation by Coach

I have conducted the Sports Skill Evaluation (season try-outs) and as the coach of this sport approve the participation of this student as recommended above.

Sports Coach *Printed Name* *Signature*

8. Notification

As Athletic Director, I have notified the parent(s) of the student that he/she has been approved for playing the requested sport at a higher level, as well as notifying the coach of the sport and the physical education teacher involved in the evaluation.

Athletic Director *Printed Name* *Signature*
