

School Year _____



INTERSCHOLASTIC ATHLETICS
RESIDENCY VERIFICATION FORM

This verification form must be signed before a student may participate in an athletic practice or game

STUDENT'S NAME (PRINT) _____

SCHOOL _____

I understand the eligibility requirements for me to take part in interscholastic athletics in Davidson County Schools.

By signing this honor code, I promise that:

- All information I am giving on this honor code is the truth.
- I live in the attendance area for my school, or I received an approved transfer to this school.
- The home address my parents gave to the registrar and the athletic director at my school is where I actually live today with my parents, legal guardian or custodian.
- I have written my correct and current home address below.
- At any time in the future if my address should change I will immediately notify the registrar, principal and or the athletic director of such change in address.

Further, I am aware that if I:

- give false information about athletic eligibility to my school, my entire team and I may be penalized by the North Carolina High School Athletic Association and by Davidson County Schools. I may lose the privilege of playing sports and my team may have to forfeit games.

STUDENT SIGNATURE _____

PARENT OR LEGAL GUARDIAN
NAME (PRINT) _____

PARENT OR LEGAL GUARDIAN
SIGNATURE _____

DATE _____

ADDRESS _____

To be retained at the school site for the entire school year.