

Address Verification

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

I, _____, parent/legal guardian of _____, verify that
(Full Name) (Student's Name)

(Street Address)

(City, State ZIP)

is the address where _____ resides with me.
(Student's Name)

I understand that my student athlete must live with me within the PLD attendance area or have specific permission to attend PLD 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 she/he may be subject to penalty up to and/or including one school year of ineligibility and forfeiture of games won in which she/he played.

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

(Signature)

(Date)

- What school(s) did you attend last year, this includes middle school or high school.

- Have you transferred to PLD from another school for this year?(yes or no), if yes what school?

- If you did transfer, did you participate in athletics @ your previous school?(yes or no), if yes what sports
