

**Address
Verification**

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

I, _____, parent/legal guardian of _____,
verify that

(Full Name)

(Student's Name)

_____ (Street Address) _____ (City, State ZIP)

is the address where the student named above resides with me.

I understand that my student-athlete must live with me within the FDHS attendance area or have specific permission to attend FDHS 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)

- Have you transferred to FDHS from another school? (yes or no), if yes what school?

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

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