

# MOUNT ANTHONY UNION DISTRICT 14

ATHLETIC DEPARTMENT

301 Park St. Extension

Bennington, Vermont 05201

## PRIVATE SCHOOL/HOME SCHOOL APPLICATION REQUEST FORM

The student listed below is not enrolled at Mt. Anthony Union Middle/High School for the \_\_\_\_\_ school year, but wishes to participate in a MAU co-curricular athletic program.

The student:

- a. Is enrolled in a private school or Home School program registered with the Vermont Department of Education.
- b. Provides proof of legal residence in the Mt. Anthony School District #14. (Attach copy of utility bill or signed lease with this application).
- c. Has proof of health insurance (Attach copy of insurance card or bill).
- d. Will comply with all general VPA eligibility requirements.
- e. Will comply with all Mt. Anthony academic and eligibility requirements.
- f. Will comply with all school policies regarding training rules and behavior.
- g. Completes physical examination and turns in MAU physical/participation form to coach at first practice.

### APPLICATION:

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/guardian of student: \_\_\_\_\_

Mailing Address of Student: \_\_\_\_\_

Legal Address of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Activity (Sport) requested: \_\_\_\_\_ Season: Fall/ Winter/ Spring

Name of Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Receiving Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Sending Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form with proof of SVSU district residency and proof of health insurance to:  
Tim Brown, Activities Director, Mt. Anthony Union High School, 301 Park Street, Bennington, VT 05201