



West Bloomfield High School Eligibility Card



MUST BE COMPLETED BY STUDENT

Season: Fall

Winter

Spring

High School

Middle School

Athlete's Name: Last Name _____

First Name _____

Athlete's Grade: 7 8 9 10 11 12

Male

Female

Student ID: _____

Birthdate: _____

Season: (ex. Fall 2018) _____

Sport: _____

Do you live in West Bloomfield?

Yes

No

Did you attend West Bloomfield High School last year?

Yes

No

If no, where did you attend last year? _____

Do you live with the exact same people you lived with last year?

Yes

No

If registering for a winter or spring sport, did you play in a previous sport this year?

Yes

No

For Office Use Only

Academically Eligible

Yes

No

Physical Completed/On File

Yes

No

On-Line Registration

Yes

No

Pay to Participate Fee Paid

Yes

No

Any Outstanding Balances for Athletics

Yes

No

If Yes, Please Circle: Pay to Participate Uniform Other _____

All Equipment/Uniforms Turned in from Previous Sport

Yes

No

Approved By: _____

Date: _____

Notes: _____

