

Alternative Education Students(AES)

Please fill out the form below and return it to the athletic department along with a copy of Birth Certificate and last standardized test taken. (PSAT, SAT, ITBS)

Name _____ Address _____

City _____ State _____ Zip _____

Birthday _____ Age _____ Date Entered 9th grade _____

Name of home school organization to which athlete belongs _____