

SHERIDAN COUNTY SCHOOL DISTRICT #3
Academic Eligibility Guidelines for Participation in Activities

PARENT / STUDENT AGREEMENT

I have read and understand the Academic Eligibility Guidelines and expectations for Sheridan County School District #3. I agree to abide by these rules and expectations.

Student's Name (please print) _____

Student's Signature _____ Date _____

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

.....

If you are participating in an activity at **Buffalo Jr. High or High School**, please read and sign the following:

I understand that while in a Combined School Agreement with Buffalo High School I will be expected to follow the academic eligibility guidelines set by Sheridan County School District #3. I will be expected to abide by the training rules at Buffalo High School during the season that I am participating.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____