Georgia Association of Private & Parochial Schools

GAPPS

Fayetteville, GA 30214 www.gappschools.com contact@gappschools.com (678) 679-7123

AES Athlete Agreement Form

Date:	
Student's Name (as it appears on Birth Certificate):	
Date of Birth:	
Name of GAPPS School that student is applying to parti	cipate with:
Has the student been enrolled at any school (public, pr	ivate, other) since beginning 9th Grade?
Yes No (if yes, a copy of his/her t	ranscript is required from that school)
If yes, name and location of school?	
AES students will be eligible to participate with a GAPF to his/her age. Once an AES athlete has established a "H with that "Home Base" school for all sports offered by th Base" school, similar to an enrolled student. As of September 1st, of the current school year, what g	lome Base" school, they are required to participate ne school. The student becomes tied to that "Home
Grade: Age:	
<u>I have read and understand all rules regarding AES p</u> am also aware of the <u>\$15.00 per AES student fee assoc</u> <u>\$15.00 fee will be billed directly to the member schoo</u>	iated with the submission of this application. This
Head of School's Signature:	Printed Name:
Athletic Director's Signature:	Printed Name:
Parent's Signature:	Printed Name:
In addition to this form, GAPPS Schools are required to of the students Homeschool Declaration of Intent.	o submit the students Birth Certificate and a copy