



Sioux Falls School District 49-5
PETITION REQUEST FOR 7TH OR 8TH GRADE ATHLETE
TO COMPETE AT HIGH SCHOOL LEVEL

Student Name _____ Date of Request _____

Student's School _____ Name of Sport _____

Parent/Guardian Name _____ Phone Number _____

Parent/Guardian Email Address _____

Parent Address _____ City, State, Zip _____

Grade _____ Date of Birth _____ Height _____ Weight _____

Reason for request to compete at the junior varsity/varsity level: _____

I desire advancement and understand and agree to all expectations.

_____ Date _____

Student Signature

I request that the student named herein be permitted to compete at the junior varsity/varsity level in the sport named herein.

_____ Date _____

Parent/Guardian Signature

My recommendation regarding the request for the student named herein to compete at the junior varsity/varsity level in the sport named herein is: Approve / Disapprove (attach explanation for disapproval)

_____ Date _____

Middle School Principal Signature

My recommendation regarding the request for the student named herein to compete at the junior varsity/varsity level in the sport named herein is: Approve / Disapprove (attach explanation for disapproval)

_____ Date _____

High School Activities Principal Signature

The request for the student named herein to participate at the junior varsity/varsity level in the sport named herein is:

Approved _____ Denied _____

_____ Date _____

Superintendent/Designee Signature