Clear Form

KNOX COUNTY SCHOOLS

REGISTRATION OF ELIGIBILITY

Name of School

Street

City Zip Code

MIDDLE SCHOOL REPORT

Date Filed _____

Name of Sport

School Year 20 ____ – 20 ____

Register on this sheet all students who are not transfers

NAME – LAST NAME FIRST List Alphabetically	DATE OF BIRTH			Date Enrolled in 6th Grade	No. Seasons Played Before This Year	Grade Last Year	Grade This Year
	Year	Month	Day				

I agree that no student will enter any interscholastic contest whose name is not registered as eligible. I hereby certify that the students whose names are registered are eligible to represent our school in athletic contests under the rules of the Knox County School System.

Signed _____

Principal

CI–162 (2/02)