

Tennessee Athletic Association of Christian Schools

J.V. Registration of Eligibility

School _____ Sport _____

School Year _____ Date _____

| Name List Alphabetically | Date of Birth | | | Yr. Entered 9th Grade | Grade in School |
|------------------------------------|----------------------|-----|------|--|----------------------------------|
| | Month | Day | Year | | |
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Please list below students that are on the above roster that transferred to your school within the last twelve months.

| Name | Date of Transfer | Last School Attended | Age |
|------|------------------|----------------------|-----|
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Yes No

Does your school permit home school students to participate in athletics? If yes, please complete the Home School Eligibility Form on the next page.

_____ Coach's Signature

_____ Principal's Signature

Tennessee Athletic Association of Christian Schools

Junior High Home School Eligibility Form

School _____ Sport _____

School Year _____ Date _____

Yes No

1. Does the school meet TACS Guidelines for Satellite Home Schools [K-12]?
2. Are students enrolled in a minimum of one on campus academic class? The class must be a full-credit class that meets 5 days per week for 50 minutes. The class must be a core course that is required for high school graduation. The class cannot be an elective course, music, band, choir, private lessons, speech, drama, or physical education.
3. Are students taking a minimum of 5 credit classes?
4. Do students meet TAACS athletic requirements?
5. Do parents provide the school with an academic progress report every three weeks?
6. Do students follow school's requirements for registration?
7. Have parents paid all associated fees and prorated tuition? (i. e. registrations, TACS dues, athletic participation fees, 1/6 or 1/7 of tuition, etc.)
8. Do students attend chapel a minimum of one time per week?

| <i>Name</i> List Alphabetically | <i>Date of Birth</i> | | | <i>Yr. Entered 9th Grade</i> | <i>Grade in School</i> |
|------------------------------------|----------------------|-----|------|----------------------------------|----------------------------|
| | Month | Day | Year | | |
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_____ Parent's Signature

_____ Principal's Signature