

# **Texas Association of Private and Parochial Schools**

**Citizen Student not Living with Parents  
Application for ELIGIBILITY**

## Citizen Student not Living with Parents

Date Application submitted to TAPPS: \_\_\_\_\_

TAPPS SCHOOL (City / School Name) \_\_\_\_\_

School Personnel submitting application \_\_\_\_\_

School Personnel Email \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Student's Permanent Address \_\_\_\_\_

Student's Gender  Male  Female

Student's Date of Birth \_\_\_\_\_

Student Grade Level  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

If in the ninth grade, was the student attending this TAPPS school as an 8<sup>th</sup> grader?

Date the student first Enrolled in the Ninth Grade \_\_\_\_\_

Has the student repeated a grade in High School?  Yes  No

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

First day of class at the TAPPS school: \_\_\_\_\_

Date of student's first attendance at the TAPPS school: \_\_\_\_\_

Yes  No Has the student practiced or participated in extracurricular high school athletic activities at another high school?

**If yes, a *Previous Athletic Participation Form* is required.**

Yes  No Is the student enrolled in at least four (4) academic classes?  
**If yes, please attach a copy of the student's class schedule.**

Yes  No Is the student presently under suspension from any high school?  
**If yes, please attach a letter of explanation.**

## GUARDIANSHIP INFORMATION

Date appointed guardian by the family: \_\_\_\_\_

**Please attach documentation of date of guardianship.**

**Please attach letter of explanation for guardianship.**

Guardian's Full Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Phone Number: \_\_\_\_\_

Guardian's Relationship to student:  Sibling  Grandparent  Aunt/Uncle  Other

If **other**, please explain:

- Yes  No      Was the guardian appointed by a United States or State court of law?  
**If yes, please attach supporting documentation.** (A Notarized Power of Attorney does not constitute legal guardianship for the purposes of TAPPS Eligibility)
- Yes  No      Is the guardian associated with the TAPPS school in any way, paid or unpaid?  
**If yes, please attach a letter of explanation.**
- Yes  No      Did the school assist in the placement of the student with the guardian?  
**If yes, please attach letter of explanation.**
- Yes  No      Is any amount is being paid to the guardian for their service?  
**If yes, please attach copy of payment to guardian or explanation of why no payment is being made.**
- Yes  No      Is the guardian paying tuition, fees or other remittance to the school on behalf of the student?  
**If yes, please attach a letter of explanation.**
- Yes  No      Is the guardian in any way associated with an AAU, Club or Select athletic team?
- Yes  No      If guardian is associated with an AAU, Club or Select athletic team, does the student participate with that team in any capacity.

**SCHOOL INFORMATION**

Was the TAPPS school recommended to the family?  Yes  No  
If yes, who recommended the school? (be specific) \_\_\_\_\_

Relationship of person recommending the school to the family: \_\_\_\_\_  
Relationship of person recommending the school to the school: \_\_\_\_\_

If not recommended to the family, how did the family learn of the school? (Be specific)  
\_\_\_\_\_

What other schools were considered prior to the selection of this school?  
\_\_\_\_\_

Why was this school selected?  
\_\_\_\_\_

Date of family's first contact with school? \_\_\_\_\_  
Who made first contact with the school? \_\_\_\_\_

Date of first visit to the school? \_\_\_\_\_  
Which school personnel were contacted during initial visit? \_\_\_\_\_

Date of application to the school? \_\_\_\_\_  
Does the school require an application fee?  Yes  No  
**If yes, please attach copy of payment to the school.**

Date of testing at the school? \_\_\_\_\_  
Does the school require a testing fee?  Yes  No  
**If yes, please attach copy of payment to the school.**

Does the school offer financial aid?  Yes  No  
Did the family apply for financial aid?  Yes  No  
If applicable, what was the date of financial aid application? \_\_\_\_\_  
If applicable, when was the family notified of financial aid determination? \_\_\_\_\_  
**If notification was made, please attach copy of letter.**

Date of acceptance to the school: \_\_\_\_\_  
**If notification was made, please attach copy of letter.**

Name of person(s) paying tuition: \_\_\_\_\_

Date of First Payment to the School: \_\_\_\_\_  
Method of First Payment to the School:  Check  Cash  Money Order  Other  
**Attach copy of first payment to the school.**

By signature below, we affirm that we have completed this application, reviewed all responses herein included and agree that the information presented is complete and accurate. I (we) understand that if false or misleading information has been presented, the student's eligibility to participate in TAPPS Extra-Curricular activities may be forfeited. We understand that the student's eligibility to participate in TAPPS Extra-Curricular activities is established by the TAPPS Executive Board and the student is not eligible to participate in Varsity contests until such approval. We acknowledge that we have reviewed Section 80 and Section 87 of the TAPPS By-Laws and are in compliance with all provisions therein.

\_\_\_\_\_  
Student Signature / Date

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
Witness Signature / Date

\_\_\_\_\_  
Witness Signature / Date

By signature below, we affirm that we are the guardians for the student listed on this application. We have reviewed the responses pertaining to guardianship and are in agreement with the information. We acknowledge that we have reviewed Section 80 and Section 87 of the TAPPS By-Laws and are in compliance with all provisions therein.

\_\_\_\_\_  
Guardian Signature / Date

\_\_\_\_\_  
Guardian Signature / Date

\_\_\_\_\_  
Witness Signature / Date

By signature below, we affirm that we have reviewed all information presented in this application. We acknowledge that we have reviewed Section 80 and Section 87 of the TAPPS By-Laws and are in compliance with all provisions therein. We acknowledge that the student is not eligible for TAPPS Participation until approval from the TAPPS Executive Board. Participation is defined in Article VII of the TAPPS Constitution.

\_\_\_\_\_  
Head Administrator Signature / Date

\_\_\_\_\_  
Athletic Director Signature / Date