**SOUTHEASTERN CHRISTIAN CONFERENCE**

**Home-School and/or SECC Sister School Student Application Form**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Cum. GPA: \_\_\_\_\_

Participating With (SECC School Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Home-School o SECC Sister School Student

This student expects to participate in the following activities: (*circle all that apply)*:

 **Boys Activities:**  Flag Football Basketball Baseball Soccer Cross Country

 **Girls Activities:** Volleyball Basketball Softball Soccer Cross Country Cheerleading

Does your school have student accident insurance for this SECC participant? Yes\_\_\_\_ No\_\_\_\_

**The following stipulations are in effect for a Home School Student and/or SECC Sister School Student Participants:**

1. Must meet the same academic requirements as all regularly attending students of the above school with a minimum of a 2.0 GPA or its academic equivalent. (SECC By-laws 6.1.5)
2. May not participate with any other school athletics while participating in SECC activities (6.1.1)
3. Must meet the same eligibility requirements as regularly attending students to participate in SECC activities.
4. Must fill out all required forms. Copies of these forms must accompany this application. (6.1.4)
5. Must not be enrolled in FLVS Fulltime, GAVS Fulltime, or any county/district virtual program fulltime (6.1.1.1).
6. Must have their parents fill out this form and return it to the appropriate district director for review and approval by the SECC Board. This application can be mailed or emailed to your district director (***see page 9 of the SECC By-Laws for contact information***).
7. The above schools must vouch for the character, quality and qualifications of the Non-Attending Students. The school understands that the Home-School and/or SECC Sister School Student will fall under their responsibility. Any unacceptable actions or behaviors by this student could result in disciplinary actions for the school and/or student by the conference.

We hereby certify that the above Home-School and/or SECC Sister School Student meets the above stipulations.

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|  Parent’s Name  |  Parent’s Signature Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  |
|  Principal’s Name (Participating With)  |  Principal’s Signature Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  |
|  Principal’s Name (School Attending) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Seal and Signature |  Principal’s Signature Date My Commission Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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*A prospective Home-School and/or SECC Sister School Student shall submit this application to represent an SECC school in SECC activities.* ***This should be sent to the Conference President not less than one week prior to the beginning of the sports season.***

*This will give an acceptable amount of time for the SECC Board to meet concerning the application and approve or deny the request. The school will be notified in writing as to the outcome of the application.*