

**TCHS Address Verification**

This form must be completed and returned with other required materials (physical, insurance forms, etc.) to be considered for participation in Tates Creek Athletics.

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_,  
(PRINTED Full Name of Parent) (PRINTED Full Name of Student)

verify that

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

is the address where \_\_\_\_\_ resides with me.  
(PRINTED Full Name of Student)

**Please respond to the following questions:**

- 1. What school did the student attend last year, this includes middle or high school and also homeschool?
- 2. Have you transferred to Tates Creek from another school this school year? Yes / No  
If yes, what school?
- 3. If you did transfer, did you participate in athletics at your previous school? Yes / No  
If yes, what sports?

I understand that my student athlete must live with me within the Tates Creek attendance area or have specific permission to attend Tates Creek in accordance with Fayette County Board Policy 9.11 in order to participate in any school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposes of eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that he/she may be subject to penalty up to and/or including one year of ineligibility and forfeiture of games won in which he/she played.

My signature below verifies that I have read and understand this information.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)