

Athlete Name: \_\_\_\_\_

2020-2021

## Durham Public Schools Student Athlete Address Documentation Form

This is to certify that \_\_\_\_\_ parent/guardian of \_\_\_\_\_ an athlete in Durham Public Schools do certify that my primary residence is located in the attendance zone of \_\_\_\_\_. This is my primary domicile, and I realize that for athletic purposes I can only have one primary domicile.

I further understand that this residence must be inside of the Durham Public Schools Administrative Unit.

I certify that my address is within the said district, and that the school in which my child attends is in the attendance zone for the school that he/she is currently attending.

If I am not attending the school that is my normal attendance zone assignment, I am attending this school because the Office of Student Assignment has issued an approved student transfer or an approved program assignment for me to attend my current school valid for the current school year. If the student is assigned to his or her school through a pathway check the appropriate box below.

I also realize that if I have given an incorrect or false address that my child will be declared ineligible to participate in the school sports program.

My signature further signifies that I have completed this form and that I fully understand the consequences associated with giving information that is incorrect and false.

*Please check the appropriate box if your son/daughter is enrolled in either of the following programs:*

- Pathway
- Homeschool
- Middle College
- Early College
- City of Medicine

### Student and Legal Guardian's Address:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_