



OFFICIAL ATHLETIC ELIGIBILITY FORM

BUFFALO PUBLIC SCHOOLS
 Department of Athletics
 86 West Chippewa St.
 Buffalo, New York 14202
 Phone Number: (716) 816-4633
 Fax Number: (716) 851-3106

SPORT: _____

SCHOOL: _____

DATE: _____

Name	Address	DOB	Date of entrance to 9 th grade	Health Examination Pass/Fail	Physical Education Pass/Fail	Taking four subjects Yes/No

I, _____, Coach, certify that the pupils whose names appear above are bonafide pupils in regular attendance at _____ High School. They have complied in all respects with the requirements of the rules governing athletics in the Buffalo Public Secondary Schools and are eligible to participate under said rules.

Coach's Signature

Principal's Signature

“Putting children and families first to ensure high academic achievement for all”