



**2015 Kindergarten
Scholastic Eligibility Form
Pop Warner Little Scholars, Inc.**



This form is to be completed by the parents/guardians of those participants in the Pop Warner program that attended Kindergarten for the 2014/2015 academic school years. This form is to be completed in its entirety to provide proof of scholastic fitness as required by Pop Warner Little Scholars, Inc. (visit www.popwarner.com for acceptable forms of proof).

PLEASE **PRINT** ALL INFORMATION CLEARLY AND **COMPLETE** EVERY LINE

CHILD'S NAME: _____

STREET ADDRESS: _____

APT #: _____ CITY: _____ ZIP: _____

HOME PHONE#: _____ MALE: _____ FEMALE: _____

AGE (AS OF JUL 31, 2015): _____ BIRTHDATE: _____

FOOTBALL: _____ CHEERLEADER: _____

SCHOOL PLANNING TO ATTEND **2015/2016**: _____

I, the Parent or Legal Guardian of the above-named child, hereby confirm that the above named child did attend Kindergarten for the 2014/2015 academic school years.

Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____