***This Honor Code must be initialed and signed before a student may dress and/or compete in an athletic contest.***

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| **STUDENT’S NAME** (print)**:** | |  | | |
| **SCHOOL** (print)**:** |  | | | | **SPORT: .** | | |  | **GRADE: .** | | |  |
| **PARENT / LEGAL CUSTODIAN / LEGAL GUARDIAN / HARDSHIP CAREGIVER NAME** (print)**:** | | | |  | | | | | | | | |
| **STUDENT’S DOMICILE** (print)**:** | | |  | | |  |  | | |  |  | |
|  | | | Number & Street | | |  | City/Town, State | | |  | Zip Code | |

I understand the eligibility requirements for the student named on the Honor Code to take part in interscholastic athletics in Charlotte-Mecklenburg Schools. If I had questions, the school athletic director answered them prior to my initialing/signing the Honor Code.

My initials and signature acknowledge that:

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| **Student-Athlete**  *Initials* |  | **Parent,**  **Legal Custodian, Legal Guardian or Hardship Caregiver**  *Initials* |
| N/A | I am the parent, legal custodian or legal guardian of the student named above or I have been designated as the Hardship Caregiver by the CMS Student Placement Office. |  |
|  | ALL information I am providing on this Honor Code is the truth. My correct and current address is provided above. I understand that lying is cheating. |  |
|  | The address listed on this form, and provided to the school registrar & school athletic director where the student is enrolled, is where I actually live at the present time. |  |
|  | I currently live in the attendance area for the school listed on this Honor Code, or the student was assigned to the school listed on the Honor Code through the student assignment lottery, or the student received a transfer to the school. |  |
|  | I am not aware of any other students or parents who have given false information to CMS so they can participate on an athletic team. |  |
|  | I will immediately report all suspected athletic eligibility violations to the principal or athletic director at the school listed on this honor code. |  |
|  | I am aware that if I provide false information concerning athletic eligibility to the school and/or do not report information about known athletic eligibility falsifications of others that I may be penalized by the North Carolina High School Athletic Association (high school only) and by Charlotte-Mecklenburg Schools. I may lose the privilege of participation in athletics for 365 days and my team may have to forfeit contests. | N/A |
| N/A | I am aware that if I provide false information concerning athletic eligibility; do not report information about known athletic eligibility falsifications of others; and/or do not update my home address with the school registrar and athletic director the student-athlete listed above and his or her athletic team may be penalized by the North Carolina High School Athletic Association (high school only) and by Charlotte-Mecklenburg Schools, including losing the privilege of participation in athletics for 365 days and the team may have to forfeit contests. |  |

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| Signature of Student Listed Above |  | Date |
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| Signature of Parent, Legal Custodian, Legal Guardian or Hardship Caregiver Listed Above |  | Date |