

Texas AgriLife Extension Service DECLARATION OF ELIGIBILITY FORM



This form is requested in accordance with the requirement of the Texas Education Code and in cooperation with the Texas Education Agency and local public school board policies.

	PARENT/GUARDIAN/COUNTY EXTENSION AGENT — Complete This Section
In accorda	ance with 4-H policy, provided by our local Extension office, I respectfully request (check $\lceil \sqrt{\rceil}$ one):
[]	Academic eligibility information only
[]	Academic eligibility information and authorization to receive an excused absence from school
	Date: Name of Activity:
	Signature of Parent/Guardian:
1	ify that is a member of 4-H ir
	County and is scheduled to participate in this activity representing 4-H
leader.	under the supervision of the Texas AgriLife Extension Service faculty or agency's designated voluntee
Standard Sta	
	Date County Extension Agent
	PRINCIPAL — Complete This Section
Check [√] or	ne:
[]	I do certify that the student is academically eligible to participate in the above mentioned extracurricular activity.
[]	I do not certify the student because he/she is NOT academically eligible to participate in the above mentioned extracurricular activity.
Check [√] or	ne:
[]	An excused absence will be granted.
[]	An excused absence will not be granted.
	Does not apply.
Signed:	Date:
3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3	Principal or Designee
	Name of School