

**SELECTIVE CLASSIFICATION
PARENTAL PERMISSION**

Date _____

Dear Parent/Guardian:

There is a New York State program that permits qualified students to participate on an athletic team beyond their grade placement. It is called the Selective Classification Program.

Your child _____ (name) may be eligible to participate in _____ (sport) above normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the Selective Classification screening process. This screening evaluates your child's physiological maturity, athletic performance abilities (physical fitness), and athletic skill in relationship to either student athletes at the specific participation level. The school physician will evaluate your child using the Tanner Scale to determine his or her physiological maturity.

If your child successfully meets the requirements of the Selective Classification Process, he/she will be allowed to participate in an extended athletic career. Under normal circumstances, a student is only eligible for senior high school athletic competition in a sport for four consecutive seasons commencing with the students entry into the ninth grade. However, by meeting the Selective Classification requirements established by the New York State Education Department, your child's eligibility can be extended to permit:

- a) Participation during five consecutive seasons in the approved sport after entry into the eighth grade, or
- b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

It is important for you and your child to understand that once the requirements are met and he/she is accepted as a member of a high school team, your child will be exposed to the social atmosphere that is inherent to older students and the high school environment.

Please feel free to contact me to discuss any aspect of your child's athletic placement. If you agree to allow your child's participation in the Selective Classification Process, please sign and return the attached Selective Classification Form to my office by _____.

Sincerely,

Athletic Director, Webutuck High School

June 18, 2014

SELECTIVE CLASSIFICATION FORM

Date: _____

Name of Student: _____

Grade: _____

Coach: _____

Team/Sport: _____

(To be completed by the Coach) Briefly describe circumstances that exist such that the possible move to a high school team would benefit student and the overall program.

Recommending Coach's Signature: _____ Date: _____

Modified Coach Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

Parent/Guardian Statement

I understand the purpose and eligibility implication of the Selective Classification Program. My son/daughter _____ (name) has my permission to participate in the Selective Classification Process.

Parent/Guardian: _____ Date: _____