



Saint Stephen's Episcopal School
Non-Traditional Student Application

***Student-Athlete must be a 8th-12th grade student for the year applying**

Prospective Student-Athlete Name: _____ Grade for year applying: _____
Parent/Guardian(s) Name: _____ D.O.B. _____
Email: _____ Current School: _____
Phone: _____ Address: _____
Academic Year Applying for: _____ Has the student-athlete ever reclassified: ☐ YES ☐ NO

Sports: Please Check Sport(s) of Interest

Fall: ___ Cheerleading, ___ Cross Country, ___ Football, ___ Golf, ___ Swimming, ___ Volleyball

Winter: ___ Basketball, ___ Cheerleading, ___ Soccer, ___ Girls Weightlifting

Spring: ___ Baseball, ___ Lacrosse, ___ Softball, ___ Tennis, ___ Track & Field, ___ Boys Weightlifting

Sport Participation History: (List experience and teams participated on)

Sport	Year Played	School/Team	Coach

Name of any Friends/Relatives of Saint Stephen's Episcopal School:

I agree to support the mission of Saint Stephen's Episcopal School. I agree to abide by the rules and regulations of the FHSAA and Saint Stephen's Episcopal School.

Student-Athlete Signature: _____

Parent/Guardian Signature: _____

*Submit form to Director of Athletics - Cole Hudson (chudson@saintstephens.org) & Sr. Director of Athletics - Heather Hodges (hhodges@saintstephens.org)

FOR INTERNAL PURPOSES ONLY

____ Saint Stephen's Non-Traditional Student Application
____ High School Transcript (If rising 9th grader, please submit 8th grade report card)
____ Proof of Age Student-Athlete Citizenship: _____
____ Proof of Insurance
____ FHSAA Forms EL2/EL3 (*Participation Physical/Consent & Release*)
____ FHSAA Forms EL7/EL7V (*Home Education Students/Verification*)
____ FHSAA Form EL12 (*Non-Member School*)
____ FHSAA Form EL15 (*PEP Student Registration Form*)
____ FHSAA Form GA4 (*Recruiting Policy Affidavit*)
____ NFHS Sportsmanship Course Certificate of Completion
____ Interview/Meet with AD, Senior Associate AD, and Director of Enrollment Management (for initial approval)
____ High School Fee \$750 Per Sport (Lacrosse Additional \$100 and Football Additional \$200)
____ Fees Paid: (All Fees must be paid in advance of participation prior to each season)
____ Final Athletic Director Approval

Type of NTS: _____

Start Date: _____