

2024-25 International/ Boarding Student-Athlete Form



BC School Sports reserves the right to request proof of documentation.

For International Students (Boarding, Exchange or International) to become eligible to participate in a BCSS activity, the school Principal or District Office shall verify by signing this form that those student-athletes listed on the form meet the criteria outlined in section 823.0. PLEASE REVIEW THE FULL POLICY IN THE BC SCHOOL SPORTS HANDBOOK [HERE](#).

Student Name	Date of Birth (YYYY-MM-DD)	Student-athlete is enrolled at your school for a minimum of 5 months of 1 semester Yes/No (circle one):	What is the student-athlete's living arrangements (check one):		Please complete this section for BOARDING STUDENTS only. Student was previously enrolled at a school (check one):	
			Home-stay	Boarding	Inside of Canada	Outside of Canada
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YYYY-MM-DD	Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Name: _____

Athletic Director Name: _____ Administrator Name: _____

Athletic Director Signature: _____ Administrator Signature: _____