

SCHOOL ENROLLEMENT FORM
WEST VALLEY JUNIOR EAGLES FOOTBALL AND CHEER

To be Filled out by Parent/Legal Guardian

Date Requested: _____

Legal Name: _____

Player/ Student Name: _____

Date of Birth: _____ Cheer Football Division: 8U 10U 12U 14U

Parent Guardian Address:

Name PRINTED of Legal Guardian _____

Signature of Legal Guardian: _____

Date: _____

To be Filled Out by the School Administrator, Principal or Vice Principal

I, _____ of _____ School,
located at (Physical Address) _____,

Hereby Verify that (Student Name) _____

Is enrolled in _____ Grade in the **2024/2025** school year.

Date: _____

Title: _____

Signature: _____

MUST BE STAMPED

