Little League® Baseball and Softball School Enrollment Form

The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: _____

League Name: Grant County Little League League ID#: 3480605

Player/Student Name: _____ Date of Birth: _____

Division: (Check One)	☐ Baseball ☐ Softball	**Level:** (Check One)	☐ Tee Ball ☐ Minors	☐ LL (Majors) ☐ Intermediate	☐ Junior ☐ Senior

Parent/Guardian Address: _____
(Street) (City/State) (Zip)

_____
(Print Name of Parent/Legal Guardian) (Signature of Parent/Legal Guardian) (Date)

To be filled out by School Administrator, Principal, or Vice Principal

I, _____ of _____ School, located at
(Print Name) (Print School Name)

_____; _____. hereby verify that
(Physical Address) (School Phone Number)

_____ has enrolled and is attending the above named school for the _____
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of _____
(Date)

_____
(Signature) (Date) Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

Last Updated: 6/21/2017