

Texas 4-H Youth Development Program **DECLARATION OF ELIGIBILITY FORM**

This form is requested in accordance with the requirement of the Texas Education Code and in cooperation with the Texas Education Agency and local school board policies.

Instructions: Complete one form per activity. The original form should be returned to the County Extension Office.

PARENT/GUARDIAN SECTION

PLEASE FILL OUT THIS SECTION ONLY

In accordance with 4-H policy, provided by ou	ar local Extension office, I respectfully request the following for:
Student Name (CHECK ONE) Academic eligibility information only	attending Name of School
☐ Academic eligibility information AND au	thorization to receive an excused absence from school.
DATE OF ACTIVITY	NAME OF ACTIVITY
	Homeschool Only
Signature of Parent/Guardian	By checking this box, I certify that my homeschool student is academically eligible to participate
Send to: Kimberly Mo	Elwrath, Ext Off Mgr
Email: kimberly.mce	<mark>elwrath@ag.tamu.edu</mark>
Address: 908 N Crocke	ett Ave, Ste B, Cameron, TX 76520
	ber of 4-H in MILAM County and is scheduled to participate in this activity of the Texas A&M AgriLife Extension Service faculty or agency's designated
Date	Signature of County Extension Agent
	IPAL OR DESIGNEE SECTION
ACADEMIC ELIGIBILITY (CHECK ONE	
\square I do certify that the student is academically eligible to participate in the above-mentioned activity.	
\square I do $\underline{\text{NOT}}$ certify the student because he/she is $\underline{\text{NOT}}$ academically eligible to participate in the above-mentioned activity	
EXCUSED ABSENCE (CHECK ONE)	EDUCATIONAL STATUS (CHECK ONE)
\square An excused absence WILL be granted	☐ Face-to-Face (on campus)
\square An excused absence will NOT be granted	☐ Virtual Option
☐ Does not apply	
Date used to determine eligibility:	
Date	Signature of Principal or Designee