

**Georgia Association of
Private & Parochial Schools**

Fayetteville, GA 30214
www.gappschools.com
contact@gappschools.com
(678) 679-7123



GAPPS Member School Crossover Form

GAPPS BYLAW 1.76

Date: _____

Student's Name (as it appears on Birth Certificate): _____

Date of Birth: _____ Student's Current Grade: _____

Name of GAPPS School that student is currently enrolled: _____

Name of GAPPS School that student is applying to participate with: _____

Desired Sport: _____ Level: _____

I have read and understand all rules regarding crossover participation in the GAPPS manual. I am also aware of the \$10.00 per crossover student fee associated with the submission of this application. This \$10.00 fee will be billed directly to the member school at the Student Addition Deadline each season. Crossover forms must be submitted through the GAPPS AES website portal for approval.

Enrolled School:

Head of School's Signature: _____ Printed Name: _____

Athletic Director's Signature: _____ Printed Name: _____

Requesting School:

Head of School's Signature: _____ Printed Name: _____

Athletic Director's Signature: _____ Printed Name: _____

Parent's Signature: _____ Printed Name: _____