

Little League® Baseball and Softball School Enrollment Form



	by Parent/Legal Guard				
Date Requested	:				
League Name:			League ID#		
Player/Student 1	Name:		Da	ate of Birth:	
Division: (Check One)	☐ Baseball ☐ Softball	Level: (Check One)		☐ LL (Majors	
Parent/Guardia:	n Address:				
		(Street)	t) (City/State)		(Zip)
of		of			School, located at
(Print N				Print School Name)	
(DI - 1411		Hereby verify that			
has enrolled and	(Physical Addres d is attending abov		ol location for	the	(Student Name Printed) academic year prior to
October 1st, of	the current year.				
This student has	s been enrolled as				
		(Dat	e)		
(Signature)		(Date)	Title (\$4	hool Administrator P	Principal or Vice Principal)
(0)		(=)	11110 (00		1

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.

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.