

**PLATTSBURGH CITY SCHOOL DISTRICT  
SELECTIVE CLASSIFICATION PROGRAM**

The Plattsburgh city school district uses the following format for selective classification:

1. Announce sign-up at nurse's office.
2. Explanation given by members of Physical Education Staff.
3. SMS Teachers given form to make comments on potential students
4. Meeting of Selective Classification Committee.\*
5. Recommendation of Committee.
6. Notification by Physical Education Staff if selected.
7. Selective Classification Physical given by Medical Staff.
8. Physical Fitness Test given by Physical Education Staff.
9. If 6 & 7 are deemed acceptable student given the opportunity to try-out for a particular team except where a special waiver is needed for varsity contact sport and in that case that waiver must be approved by the BOE before tryouts (See timelines)
10. Names of Selectively Classified students submitted to Executive Director of Champlain Valley Athletic Conference.
11. Special waivers for selectively classified athletes to participate on varsity contact sports must follow the process indicated on next page.

\* Selective Classification Committee comprised of the following:

Director of Athletics  
Middle School Nurse  
Middle School Principal or Designee  
2 Members of Physical Education Staff

**Timelines for Selection Classification**

|               |                                                                                                       |
|---------------|-------------------------------------------------------------------------------------------------------|
| Fall Season   | <i>Last Monday of May</i><br>Special Waivers to be determined at the first BOE meeting in August      |
| Winter Season | <i>First Monday of October</i><br>Special Waivers to be determined at the last BOE meeting in October |
| Spring Season | <i>Last Monday of February</i><br>Special Waivers to be determined at the first BOE meeting in March  |

Adoption date: March 23, 2006

**PLATTSBURGH HIGH SCHOOL ATHLETICS  
CHECK LIST FOR SELECTIVE CLASSIFICATION WAIVERS**

| Name  | Grade                                                                                                                                        | Sport |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|
| _____ | Contact Athletic Office to initiate process.*                                                                                                |       |
| _____ | Sign up at SMS Nurse's office.*                                                                                                              |       |
| _____ | Parent permission form returned.                                                                                                             |       |
| _____ | Successful completion of a special physical exam by the school medical staff.                                                                |       |
| _____ | Successful completion of the NYS physical fitness exam(athletic performance)                                                                 |       |
| _____ | Recommendation from SMS Principal in consultation with student's guidance counselor, psychologist and teachers.                              |       |
| _____ | Recommendation from student's physical education teacher.                                                                                    |       |
| _____ | Documentation supporting that student has participated in the same sport at a similar level of competition outside of high school athletics. |       |
| _____ | Recommendation from Head Coach of sport.                                                                                                     |       |
| _____ | Statement from Head Coach of sport that the selectively classified athlete will not displace a varsity player.                               |       |
| _____ | All documentation and necessary paper work on file in district office.                                                                       |       |
| _____ | Board approval prior to tryout                                                                                                               |       |

If due to some problems with having some of the Health Office procedures delayed then a waiver could be approved pending meeting all the health/physical requirements and coach's skill evaluation (being selected to team).

***NOTE: THERE IS NO GUARANTEE THAT THE ATHLETE WILL MAKE THE TEAM.***

**\*SIGN UP TIMELINES**

|               |                                                                                                      |
|---------------|------------------------------------------------------------------------------------------------------|
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