SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

P.O. Box 1217, Pierre, SD 57501

AT

ANNUAL ATHLETIC ELIGIBILITY REPORT

SCHOOL YEAR: _____

THIS REPORT MUST BE SENT TO THE EXECUTIVE DIRECTOR BY MAY 1st.

*** A $50.00 late fee will be assessed for failure to meet the deadline.**

Date of making this report _____. I hereby certify the following pupils, and no others, have represented _____ High School of _____ (town) in Interscholastic Athletics during the first and/or second semesters of the school year and the data opposite their names is correct.

Total number of students listed on this annual report ..... _____

Total number of cheerleaders who represented your school during the school year who did not participate in athletics ..... _____

Signed _____ Date _____

Superintendent or Principal or Athletic/Activities Director

INCLUDES BOTH BOYS AND GIRLS

Do not list 7th and 8th graders unless they actually participate on a high school team.

FULL NAME List names alphabetically	BIRTH DATE MM/DD/YY	Date of Examination (Not History Date) Select One Annual Bienniel Triennial	Other Schools Where Student has Competed	Academic Classification of Students during School Year 7th, 8th, 9th, 10th, 11th, 12th	No. of Semesters in Attendance Grades 9-12 including withdrawal semesters (must be consecutive)	
					No. of First Semesters	No. of Second Semesters
A detailed computerized list may be attached if it contains all of the pertinent information						

NOTE: Please fill out all columns and in detail in regard to each student. This report is also used to determine your catastrophic insurance premium for the ensuing school year.

MAKE REPORT IN DUPLICATE, RETAIN ONE COPY FOR YOUR FILES, MUST BE TYPE-WRITTEN.

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