

NORTH DAKOTA TO SOUTH DAKOTA Open Enrollment – Transfer of Athletic Eligibility

Chapter II, Part I, Section 1 (m) of SDHSAA Bylaws

SDCL 13-28A-1 THROUGH 13-28A-11

For School Year:

Parent/Guardian: Complete Sections I, II, III & Sign



I. Parent/Guardian Information		
Parent/Guardian Name (Last, First, M.I.)	Home Telephone: ()	Work Telephone: ()
	Fax Number: ()	
Parent/Guardian Address	City	Zip Code
School District/Attendance Area in which family resides:		
II. Student Information		
Student Name (Last, First, M.I.)		
High School Previously Attended:	Grade Level (for school year listed above)	
Sports Previously Participated In:		
III. School Information		
SDHSAA Member High School to which student wants to transfer:	Was/will this student be enrolled in your school on the 1 st day of the school year listed above? Yes No	Athletic eligibility is applicable to the initial transfer only. Please check as indication that parents understand this restriction
The above information is true and correct to the best of my knowledge.		
Signature of Parent/Guardian _____		Date _____

Receiving School: Complete Section IV, V & Sign

IV. Date Application Received By SDHSAA Member School		
Date Application Received	Date Governing Board Took Action	School Representative (Please Sign)
V. Receiving High School Approval/Disapproval		
Following review of this application, with due consideration to the laws and rules applicable to the open enrollment program, this application is hereby:		
Select appropriate options: Receiving school is a five (5) day per week school Receiving school is a four (4) day per week school		
<p>APPROVED: The receiving high school will send signed copies of this application to: 1) the former high school, 2) the parent/guardian, and 3) the South Dakota High School Activities Association. A copy will be kept on file in the high school receiving the student.</p> <p>DISAPPROVED: The receiving high school will send signed copies of this application to: 1) the former high school, 2) the parent/guardian, and 3) the South Dakota High School Activities Association. A copy will be kept on file in the high school receiving the student. The application was disapproved for the following reason(s):</p>		
Signature of School Board President or Designated School Official _____		Date _____

ACTION TAKEN BY THE SDHSAA

<input type="checkbox"/> APPROVED - Eligible for sports immediately
<input type="checkbox"/> APPROVED - Eligible for sports on the 46 th /37 th scheduled day of school following enrollment at _____ High School
<input type="checkbox"/> DISAPPROVED - Student previously transferred under athletic open enrollment
<input type="checkbox"/> NOT NEEDED - Reason: _____
Executive Director Signature _____
Date _____