



Open Enrollment - Transfer of Athletic Eligibility

Chapter II, Part I, Section 1 of SDHSAA Bylaws

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: | 2017-2018 Grade Level | 2018-2019 Grade Level |
| 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 2018-2019 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No | Athletic eligibility is applicable to the initial transfer only. <input type="checkbox"/> 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 (check one): | | |
| Check the appropriate box: <input type="checkbox"/> Receiving school is a 5 (five) day a week school <input type="checkbox"/> Receiving school is a 4 (four) day a week school | | |
| <input type="checkbox"/> 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. | | |
| <input type="checkbox"/> 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): | | |
| _____ 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 |



SOUTH DAKOTA/NORTH 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
Parent/Guardian: Complete Sections I, II, III & Sign.

| I. Parent/Guardian Information | | |
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| Parent/Guardian Name (Last, First, M.I.) | Home Telephone: () Work Telephone: () Fax Number: () | |
| Parent/Guardian Address | City and State | Zip Code |
| School District in which family resides: | | |

| II. Student Information | | |
|------------------------------------|-----------------------|-----------------------|
| Student Name (Last, First, M.I.) | | |
| High School Previously Attended: | 2017-2018 Grade Level | 2018-2019 Grade Level |
| Sports Previously Participated In: | | |

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