FORM A NON-TRANSFER STUDENTS

GEORGIA HIGH SCHOOL ASSOCIATION

151 South Bethel Street Thomaston, Georgia 30286 706-647-7473 FAX: 706-647-2638

Certificate of Eligibility – NON-TRANSFER STUDENTS

SCHOOL_						CITY			
ACTIVITY SCHOOL YEAR				REG			ION AND CLASSIFICATION		
INSTRUCTIONS: THIS FORM MUST BE TYPED. DO NOT LIST TRANSFER STUDENTS ON THIS FORM – USE FORM B FOR TRANSFER STUDENTS. A separate report may be made for each activity. Send the original to the GHSA at the above address. The original will be returned to you showing the eligibility status of each student on the list.									
TRADITIONAL SCHEDULE BLOCK SCHEDULE (see By-Law #1.53) NAME		YEARLONG SCHEDULE HYBRID SCHEDULE					UNITS ACCUMULATED Previous Semester	ED	(This Column for GHSA use only) ELIGIBILITY STATUS
List Alphabetically By Date of Ninth Grade Entrance Date	DATE (OF BIRTI	+	DATE STUDENT ENTERED NINTH GRADE			rs ACCUI	TOTAL UNITS ACCUMULATED	LLIGIBLETT STATUS
LAST FIRST MIDDLE	Мо	Day	Year	Мо	Day	Year	UNIT	TOT, ACC	
I certify that the information for the student(s) listed on this form has been taken from the student's permanent school records and meets all eligibility requirements for interscholastic competition under the rules and regulations as stated in the current edition of the GHSA Constitution and By-Laws. I understand that incorrect information will severely penalize my school and students. SIGNED (Superintendent or Principal or Asst. Principal – NO STAMPS) (Report Preparer)									
DATE THIS REPORT MUST BE FILED BY THE DATE SPECIFIED IN THE GHSA CALENDAR.									