

FORM C

GEORGIA HIGH SCHOOL ASSOCIATION

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

INTERRUPTED ELIGIBILITY FORM

SCHOOL _____ CITY _____

ACTIVITY _____ SCHOOL YEAR _____ REGION AND CLASSIFICATION _____

INSTRUCTIONS: This form must be typed. This form will be submitted for each student who received an incomplete grade for the preceding semester, or who was involved in a credit-recovery program for courses that were not passed in the preceding semester.

<input type="checkbox"/> TRADITIONAL SCHEDULE		<input type="checkbox"/> YEARLONG SCHEDULE		UNITS ACCUMULATED Previous Semester	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only) ELIGIBILITY STATUS				
<input type="checkbox"/> BLOCK SCHEDULE <small>(see By-Law #1.53)</small>		<input type="checkbox"/> HYBRID SCHEDULE								
NAME			DATE OF BIRTH			DATE STUDENT ENTERED NINTH GRADE				
LAST	FIRST	MIDDLE	Mo.	Day	Year	Mo	Day	Year		

FOR INCOMPLETE GRADES: (Please review GHSA By-Law #1.58)

Course(s) with Incomplete grade(s) previous semester	Date preceding semester ended	Date current semester began	Date student credited with passing grade(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR CREDIT RECOVERY PROGRAMS: (Please review GHSA By-Law #1.58)

Course(s) with recovered credit from previous semester	Date preceding semester ended	Date current semester began	Date student credited with passing grade(s)	Initial Grade	Recovered Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SIGNED _____ (Superintendent or Principal or Asst. Principal) _____ (Report Preparer)

DATE _____