

FORM A
NON-TRANSFER
STUDENTS

GEORGIA HIGH SCHOOL ASSOCIATION

P.O. Box 271
 Thomaston, Georgia 30286-0004
 706-647-7473 FAX: 706-647-2638

Certificate of Eligibility – NON-TRANSFER STUDENTS

SCHOOL _____ CITY _____
 ACTIVITY _____ SCHOOL YEAR _____ REGION 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.

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

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.