College Credit Plus
Madison High School
3100 Burns Road, Madison Ohio 44057
High School Athletic Eligibility Verification Form

Athlete (Name) _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Circle the correct grading period and proper week this check applies to:

Quarter: 1 2 3 4

3 week check **6 week check** **9 week check/quarter grade**

Dear Professor/Instructor,

In a continuing effort to to monitor our students enrolled in college classes while participating in athletics at Madison High School, we ask for your assistance in providing us with an update on their academic progress to this point in your course/class. Thank you in advance for your time on this matter.

Class/Course _____

Meeting time/day _____

Attendance/Missing class dates _____ Current Grade _____

Signature _____

Office hours/phone # _____

You can allow our student-athlete to return this form or you may send it back directly to the Athletic Department via mail, or as a scanned attachment via email to our Athletic Director: john.dragas@madisonschools Feel free to contact Mr. Dragas with any feedback at any time for assistance. Office- 440.428.2164