SOUTH DAKOTA Open Enrollment - Transfer of Athletic Eligibility

Chapter II, Part I, Section 1 of SDHSAA Bylaws

For School Year:

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:	Grade Level (for school year listed above)
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 1st day of the school year listed above? ◯ Yes ◯ No	Athletic eligibility is applicable to the initial transfer only. ☐ 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:

◯ **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.

◯ **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

☐ **APPROVED** - Eligible for sports immediately

☐ **APPROVED** - Eligible for sports on the 64th calendar day following enrollment at _____ High School

☐ **DISAPPROVED** - Student previously transferred under athletic open enrollment

☐ **NOT NEEDED** - Reason: _____

_____ _____

Executive Director Signature Date

ELIG - #1A