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.

☐ TRADITIONAL SCHEDULE ☐ YEARLONG SCHEDULE
☐ BLOCK SCHEDULE ☐ HYBRID SCHEDULE
(see By-Law #1.53)

NAME List Alphabetically By Date of Ninth Grade Entrance Date LAST FIRST MIDDLE	DATE OF BIRTH			DATE STUDENT ENTERED NINTH GRADE			UNITS ACCUMULATED Previous Semester	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only) **ELIGIBILITY STATUS**
	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.

Reset

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.