

**FORM C**

**GEORGIA HIGH SCHOOL ASSOCIATION**

P.O. Box 271  
 Thomaston, Georgia 30286-0004  
 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)  <b>ELIGIBILITY STATUS</b>				
<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 \_\_\_\_\_