



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 1 st day of the school year listed above? <input type="radio"/> Yes <input type="radio"/> No	Athletic eligibility is applicable to the initial transfer only. <input type="checkbox"/> 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)
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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:

Select appropriate options: Receiving school is a five (5) day per week school Receiving school is a four (4) day per week school

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

<input type="checkbox"/> APPROVED - Eligible for sports immediately
<input type="checkbox"/> APPROVED - Eligible for sports on the 46 th /37 th scheduled day of school following enrollment at _____ High School
<input type="checkbox"/> DISAPPROVED - Student previously transferred under athletic open enrollment
<input type="checkbox"/> NOT NEEDED - Reason: _____
Executive Director Signature _____ Date _____