



# Open Enrollment - Transfer of Athletic Eligibility

## Chapter II, Part I, Section 1 of SDHSAA Bylaws

***Parent/Guardian: Complete Sections I, II, III & Sign.***

| I. Parent/Guardian Information                                         |                                                                                                                                                                     |                                                                                                                                                                  |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parent/Guardian Name (Last, First, M.I.)                               | Home Telephone (    )                                                                                                                                               | Work 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:                                       | 2007-08 Grade Level                                                                                                                                                 | 2008-09 Grade Level                                                                                                                                              |
| 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 <sup>st</sup> day of the 2008-09 school year?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Athletic eligibility is applicable to the initial transfer only.<br><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. |                                                                                                                                                                     |                                                                                                                                                                  |
| _____<br>Signature of Parent/Guardian                                  |                                                                                                                                                                     | _____<br>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 (check one):                                                                                                                                                                                                   |                                  |                                     |
| <input type="checkbox"/> <b>APPROVED:</b> 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.                                                                 |                                  |                                     |
| <input type="checkbox"/> <b>DISAPPROVED:</b> 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): |                                  |                                     |
| _____<br>Signature of School Board President or Designated School Official                                                                                                                                                                                                                                                                                              |                                  | _____<br>Date                       |

### ACTION TAKEN BY THE SDHSAA

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