



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: () 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:	2015-2016 Grade Level	2016-2017 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 st day of the 2016-2017 school year? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
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):		
Check the appropriate box: <input type="checkbox"/> Receiving school is a 5 (five) day a week school <input type="checkbox"/> Receiving school is a 4 (four) day a week school		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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



SOUTH DAKOTA/NORTH DAKOTA
Open Enrollment - Transfer of Athletic Eligibility
Chapter II, Part I, Section 1 (m) of SDHSAA Bylaws
SDCL 13-28A-1 THROUGH 13-28A-11
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Parent/Guardian Address	City and State	Zip Code
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