



# 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:	2016-2017 Grade Level	2017-2018 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 2017-2018 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"/> <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):		
_____ Signature of School Board President or Designated School Official		
		_____ 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 athletic open enrollment
<input type="checkbox"/> <b>NOT NEEDED</b> 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**  
**Parent/Guardian: Complete Sections I, II, III & Sign.**

<b>I. Parent/Guardian Information</b>		
Parent/Guardian Name (Last, First, M.I.)	Home Telephone: (    ) Work Telephone: (    ) Fax Number: (    )	
Parent/Guardian Address	City and State	Zip Code
School District in which family resides:		

<b>II. Student Information</b>		
Student Name (Last, First, M.I.)		
High School Previously Attended:	2016-2017 Grade Level	2017-2018 Grade Level
Sports Previously Participated In:		

<b>III. School Information</b>		
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