



# 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 <sup>st</sup> 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)

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: <input type="radio"/> Receiving school is a five (5) day per week school <input type="radio"/> Receiving school is a four (4) day per week school	
<input type="radio"/> <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="radio"/> <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