

**Form D:
8th Grade Students
participating in sub-varsity
activities.
(Created 8/15)**

Georgia High School Association
151 South Bethel Street
Thomaston, GA 30286
706-647-7473 Fax: 706-647-2638

Certificate of Eligibility- 8th Graders

School _____ City _____

School Year _____ Region and Classification _____

INSTRUCTIONS: THIS FORM MUST BE TYPED. Send the original to the GHSA . The original will be returned to you showing the eligibility status of each student on the list.

Name	Date of Birth	Date Entered 8 th Grade	Activity	Meets MS Academic Requirements	GHSA Status

I certify that the information for the student(s) listed on this form is taken from the student’s permanent records and meets all eligibility requirements for interscholastic competition under the rules and regulations as stated in the current edition of the GHSA Constitution and By-Laws. I understand that incorrect information will severely penalize my school and students.

SIGNED _____ DATE _____
(Superintendent or School Official) (Report Preparer)