

## **DECLARATION OF INELIGIBILITY STATUS**

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Student Name:	Date of Enrollment:
Current School:	Expected Graduation Date (M/D/Y):
Previous Year (1 Year Back from Date	of Enrollment):to
Athletic/Activities meet Definition of	Participation during Previous Year:  YES  NO
School year in which the student beg	an 7th grade:
Current School Year:	Sports Intended to Play:
Current School:	Fall (2024):
Current Age:	ruii (2024)
Current Grade:	
Date of Birth:	<u> </u>
Grade by WIAA Rule:	
to the District Eligibility Chairperson.	
Point of Contact for Family	
Name:	Relation to Student:
Phone:	Email:
Athletic Director Contact Information	
Name:	
Phone:	



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Student:	has had a review of their WIAA eligibility status for
the 20 20 school year. As of	(date), the student has not met/or is in
need of additional information in reference to their eligib	ility.
	May compete at the sub-varsity level.
<b>19.3.2</b> : The rules of the handbook involved in this notice of	of ineligibility:
Physical Exam – <b>18.4.0</b>	Scholarship (Regular Attendance) — <b>18.10.0</b>
Age – <b>18.5.0</b>	Residence – <b>18.11.0</b>
Regular Member of a School – <b>18.6.0</b>	Transferring Student – <b>18.12.0</b>
Scholarship (passing grades in a min. # of classes/credits) — <b>18.8.0</b>	Season Limitations – <b>18.15.0</b> Recruiting
Scholarship (Previous Semester) — <b>18.9.0</b>	- 27.0.0
OTHER:	Use of Illegal Substances – <b>18.26.0</b>
19.3.1: The reason for the notice of ineligibility is:  (Explanation)	
*In cases where an Athletic Director has questions or concerns student's eligibility status may be sent to the District Eligibility	regarding a student's eligibility based upon WIAA regulations, a Committee for review.
$\square$ Yes $\square$ No <b>19.3.3:</b> We understand we have $\underline{3}$ school by	ousiness days to request an appeal hearing.
$\square$ Yes $\square$ No <b>19.3.5</b> : Eligibility Appeal Packet Provided an	nd Explained – Date:
$\square$ Yes $\square$ No <b>19.3.4</b> : Date paperwork needed to AD in or	der to schedule hearing:
☐ Eligibility Status Accepted – Date:	<u></u>
Athletic Director:	Signature:
Student:	Signature:
Parent/Guardian:	Signature: