

SOUTH CAROLINA INDEPENDENT SCHOOL ATHLETIC ASSOCIATION

*Certificate of Eligibility*

This Form may be formatted to match your software. Accuracy in making this report is an absolute necessity. Send the original to SCISA. Keep a duplicate copy.

Name of School \_\_\_\_\_ Sport \_\_\_\_\_

Girls \_\_\_\_\_ Boys \_\_\_\_\_ Initial Eligibility List \_\_\_\_\_ Supplemental List \_\_\_\_\_

Name As It Appears On Birth Certificate List Alphabetically	Date of Birth	Grade	Date student Entered 9th Grade Month & Year	Total Units Passed Previous School Year	Total Units Passed Previous Marking Period
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

I hereby certify that the students whose names appear above are eligible according to the Constitution of the South Carolina Independent School Association. I have in the school files a completed Physical and a Parent's Permission Form for each student.

Date \_\_\_\_\_ Headmaster's Signature \_\_\_\_\_