

NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION
SECTION IV

EXTENDED ELIGIBILITY
APPLICATION

I. Personal Data

Pupil's Name _____ Telephone # (____) _____

Address _____ Zip Code _____

Age _____ Date of Birth _____

School _____ Grade _____ Telephone # (____) _____

<u>Sport</u>	<u>Number of Seasons Participating</u>	<u>School Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Date of Entry

Complete whichever applies:

A. Date of entry into ninth grade: _____
Month Day Year

B. Date of entry into eighth grade: _____
Month Day Year

C. Date of entry into seventh grade: _____
Month Day Year

If B or C was completed, the pupil was a member of the Selection/Classification program. Please explain reason for selection.

III. Reason for Request

Describe the reason for requesting an extension for eligibility as it relates to the appropriate circumstance.

A. Illness: _____

B. Accident: _____

C. *Similar Circumstances Beyond Control of Student:* _____

Extension request is for the following duration:

<u>Sport</u>	<u>Number of Seasons</u>
_____	_____
_____	_____
_____	_____

IV. Documentation

The following documents must accompany this application before it will be evaluated:

- A. *Copy of Birth Certificate;*
- B. *Copy of transcript, attendance record and most recent report card;*
- C. *Copy of professional's statement (physician, judge,...) describing and validating one of the appropriate circumstances for granting an extension of competition;*
- D. *Letter from the Chief School Officer providing sufficient evidence to show that pupil's failure to enter competition during one or more seasons of a sport was caused by an appropriate circumstance outlined in the Duration of Competition Regulation;*
- E. *Letter from the Chief School Officer explaining how the accident/illness resulted in the athlete needing additional semesters(s) to meet the graduation requirements.*

V. Signatures

The following information must also be completed before this application will be evaluated:

	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<i>Chief School Officer:</i>	_____	_____	_____
<i>Principal:</i>	_____	_____	_____
<i>Athletic Director:</i>	_____	_____	_____
<i>Parent/Guardian:</i>	_____	_____	_____

Special Notes:

- (1) *Requests for extended eligibility will be considered as soon as possible upon receipt. Schools are encouraged to submit their application as soon as they are aware that there is a possibility of extended eligibility.*
- (2) *Return all documentation and application to:*
Ben Nelson, Interscholastic Sports Coordinator
N.Y.S.P.H.S.A.A., Inc. - Section IV
Civic Center, Box 7
21 Liberty Street
Sidney, New York 13838