

**REQUEST FOR EXTENDED ELIGIBILITY DETERMINATION**

**CENTER FOR INTERSCHOLASTIC ATHLETICS/SECTION ONE  
450 MAMARONECK AVE.  
HARRISON, NY 10528**

School \_\_\_\_\_ Date: \_\_\_\_\_

Request is hereby made to the Executive Committee of Section One to permit the following student, to participate in the Athletic Program of \_\_\_\_\_ based on eligibility standards of the NYSPHSAA, Inc., and the Regulations of the Commissioner of Education 135.4(9):

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Entry in Ninth Grade: Month \_\_\_\_\_ Year \_\_\_\_\_

This student is taking at least four subjects including Physical Education.

This student (has \_\_\_ has not \_\_\_) graduated from high school.

**Duration of Competition: List sports participation by grade.**

( ) Year ( ) Year ( ) Year ( ) Year

**GRADE 9    GRADE 10    GRADE 11    GRADE 12**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for request for eligibility (see NYSPHSAA, Inc. Handbook)

\_\_\_\_\_  
\_\_\_\_\_

**Note: Eligibility can not be determined until signed statements from school personnel substantiating illness, accident, injuries, cited as the reason for the student's failure to enter competition are received. (See Eligibility Standard #9, State Handbook). A current transcript must be attached to the request.**

**Return to:**

Center for Interscholastic Athletics/Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
High School Principal

\_\_\_\_\_  
Chief School Officer