

IHSDTA GRADE VERIFICATION

(Please Print or Type)

Director's Name _____ Director's Phone _____

School Name _____ School Phone _____

Email _____

STUDENT NAME	GRADE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____

Instructions: All teams must submit this form with principal's signature by December 1. The grade indicated should reflect the current grade enrolled.

Director's signature


Date

Principal's signature

Date

Return to:
IHSDTA, Inc
Grade Verification
P.O. Box 564
St. John, IN 46373

Phone: 219.365.6533
Fax: 219.365.3152
www.ihstda.org
info@ihstda.org



IHSDTA APPROVED