

2004-05 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: 219.226.1578
www.ihstda.org
info@ihstda.org



IHSDTA APPROVED