

# 2006-07 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](http://www.ihstda.org)  
[info@ihstda.org](mailto:info@ihstda.org)



**IHSDTA APPROVED**