

**ALDINE INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT
Eligibility Status Report Form**

School _____ Sport _____

Six Weeks Grading Cycle (1) (2) (3) (4) (5) (6) Date _____
(Circle One)

LEVEL	(A) Total Number on Squad	(B) Number Not Eligible	(C) Date Student Becomes Ineligible
VARSITY			
JR. VARSITY			
SOPH.			
FRESH.			
8 TH			
7 TH			

This form is due to the Campus Coordinator no later than the Tuesday (8 am) following the end of the current 6 week grading period for each 6 week grading period.

Verified By:

_____ Date _____
Head Coach's Signature

_____ Date _____
Assistant Coach's Signature

_____ Date _____
Received by Campus Coordinator

_____ Date _____
Received by Athletic Director