



**South Carolina Scholastic Hockey Association  
Certification of High School Enrollment Eligibility  
Palmetto Division**

**1. Section 1: To be completed by the student:**

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current High School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Currently Enrolled  YES  NO (check one)

Academic Year:  FR. (9)  SO. (10)  JR. (11)  SR. (12)

**Seniors Only:**

Graduation Date: \_\_\_\_\_

**2. Section 2: To be completed by the school:**

I certify the above-named student is currently enrolled at the above-named institution for the current school year which began on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ends on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I certify the above-named student attends classes on a full-time basis and has not exceeded eight (8) consecutive semesters starting with the student's Freshman year.

\_\_\_\_\_  
Printed Name of Authorized School Official

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Title of Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official's Telephone & Email