

APPLICATION FOR RECLASSIFICATION

SCHOOL NAME:	
PHONE:	
EMAIL ADDRESS:	
SCHOOL DIVISION:	SHSAA DISTRICT:

Our school wishes to be reclassified from our current status to the following noted classification effective this coming season.

GENDER	ACTIVITY	CLASSIFICATION REQUESTED

(Please submit one form for each requested gendered activity)

PLEASE INDICATE THE REASON(S) FOR RECLASSIFICATION:

The undersigned are in agreement with the reclassification and understand, and agree, that such reclassification shall be for **a compulsory term of two years**.

	Please Print	Signature
Athletic Director:		
Principal:		
Director or Superintendent of Education:		

Date: _____

NOTE: This form must be completed and submitted on, or before, October 1st for fall activities (May 31st for Football) and December 1st for winter activities.