



**South Carolina Scholastic Hockey Association
Certification of 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 Grade: _____

Current School: _____

Street Address: _____

City, State, Zip: _____

Currently Enrolled ☐ YES ☐ NO (check one)

Academic Year: ☐ MD (8) ☐ 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.

Printed Name of Authorized School Official

Signature of Authorized School Official

Title of Authorized School Official

Date

School Official's Telephone & Email