

Foreign Student Reporting Form

New York State Public High School Athletic Association

Address questions to: Mark DiFilippo, Executive Director, 821-7092

Return form to:	Mark DiFilippo <u>mdifilippo@e1b.org</u> 355 Harlem Rd., West Seneca, NY 14224 Fax: 716-821-7352
Foreign Student Name	
Country of Origin	
Date of Birth	
	ed from the secondary school system in their country? "ES or NO (Select Yes or No)
<u>—</u>	not eligible for interscholastic athletic participation.
If NO, please complete	te the rest of the form
This foreign student poss	esses a:
As stated in the NYSPHSAA, Inc. Handbook, the foreign student meets the standards and criteria of the following: (Check one)	
☐ Is a bona fide Foreign	Exchange Student, who is a participant in the approved CSIET program
LIST FULL N	AME OF FOREIGN EXCHANCE PROGRAM in line above
Is an International St Transfer	udent under the requirements of Standard #9 Foreign Student and #31
•	th the Athletic Director or a member of the coaching staff and has not played ely. Please attach supporting documentation.
The student is interested in p	participating in the following sports:
Winter	
Spring	
Athletic Director Name	School
Athletic Director Signature	Date

Send to: Section VI Executive Director Mark DiFilippo mdifilippo@e1b.org Revised: September 2021