



IHSA Senior Academic Achievement Reporting Form

College: _____ Submitted by: _____ Title: _____

E-mail to send certificates: _____ Phone : _____ Academic Year _____

MAIL FORM TO CRICKET MORRIS: 844 DRY FORK ROAD, GLADYS, VA 24554

NAME	Student ID Number	Graduation Date	Cummulative GPA (out of 4.0)	Number of years on IHSA Team	Full-time student Yes/No	

Registrar's Signature and Seal: _____

Signature of Coach/Designated Representative : _____

(This signature verifies that above students have participated in, or indicated a desire to participate in, the school's riding program.)