



## IHSA SENIOR ACADEMIC ACHIEVEMENT REPORTING FORM

COLLEGE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL TO SEND CERTIFICATES: \_\_\_\_\_ PHONE: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_

**MAIL FORM POSTMARKED BY March 31, 2025 TO: CRICKET MORRIS, 844 DRY FORK RD, GLADYS, 24554**

**EMAIL FORM BY March 31, 2025 TO: csmorris917@gmail.com**

NAME	STUDENT ID NUMBER	GRADUATION DATE	Cumulative 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)