

FOREIGN STUDENT REPORTING FORM New York State Public High School Athletic Assocjation

Foreign Student Name	
Country of Origin	
Date of Birth	*·.
Has the student graduated from the seconda	ry school system in their country? YES NO (circle one)
If YES, the student is not eligible for interscholastic athletic participation.	
If NO, please complete the rest of the fo	rm.
This foreign student possesses a: J1	. visa F1 visa (circle one)
As stated in the NYSPHSAA, Inc. Handbostandards and criteria of the following:	
approved CSIET program.	nge Student, who is a participant in the JLL NAME OF FOREIGN EXCHANGE PROGRAM
· ·	under the requirements of Standard #9
	Athletic Director or a member of the coaching port(s) competitively. Please attach supporting
The student is interested in participating in t	he following sports:
FALL	
WINTER	
SPRING	
Athletic Director - Name	School
Athletic Director - SIGNATURE	Date

CC: Section Executive Director