

College Credit Plus  
Madison High School  
3100 Burns Road, Madison Ohio 44057  
High School Athletic Eligibility Verification Form

Athlete (Name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Circle the correct grading period and proper week this check applies to:

**Quarter: 1 2 3 4**

**3 week check**

**6 week check**

**9 week check/quarter grade**

Dear Professor/Instructor,

In a continuing effort to to monitor our students enrolled in college classes while participating in athletics at Madison High School, we ask for your assistance in providing us with an update on their academic progress to this point in your course/class. Thank you in advance for your time on this matter.

Class/Course \_\_\_\_\_

Meeting time/day \_\_\_\_\_

Attendance/Missing class dates \_\_\_\_\_ Current Grade \_\_\_\_\_

Signature \_\_\_\_\_

Office hours/phone # \_\_\_\_\_

You can allow our student-athlete to return this form or you may send it back directly to the Athletic Department via mail, or as a scanned attachment via email to our Athletic Director: [john.dragas@madisonschools](mailto:john.dragas@madisonschools) Feel free to contact Mr. Dragas with any feedback at any time for assistance. Office- 440.428.2164