

DECLARATION OF INTENT

NCHSAA REALIGNMENT FOR 2013-2017

NAME OF SCHOOL _____

CURRENT CLASSIFICATION: _____ CURRENT CONFERENCE: _____

Check the one that applies to your school and its participation in the NCHSAA realignment process for the years 2013-2017:

_____ As an NCHSAA member school, we wish to be classified in the upcoming realignment (1-A, 2-A, 3-A or 4-A) and desire placement in a conference.

_____ As an NCHSAA member school, we wish to be classified in the upcoming realignment (1-A, 2-A, 3-A or 4-A) BUT DO NOT desire placement in a conference. We will participate as an independent without conference affiliation.

principal's name: PLEASE PRINT

principal's signature

date: _____

athletic director's name: PLEASE PRINT

athletic director's signature

date: _____

Additional special information about your school:

There are a number of factors that now must be considered when looking at ADM figures to ensure that they are appropriate for classification purposes. Please list below any of the following that might pertain to your school; if needed, attach accompanying information on school letterhead to this form:

--if there are early college or middle college students that would be assigned to your school, but go to those schools that have no athletic program; their numbers should be included with yours since they can be eligible to participate at your school; please identify those situations and be specific

-- if you have separate schools (based on Gates money, for instance) that all play together for the purposes of athletics, such as Big City High School School of Technology, Big City High School School of the Arts, etc; they may have separate school numbers but still field one athletic team; please identify those situations and be specific

--if your school has not opened yet but will be included in realignment, we need the projected ADM as well as the impact it may have on existing schools

--if there are special programs housed at your school which should not count toward your ADM but those students will be in your numbers; please identify those situations and be specific

--if none of these apply, please write NA in the box below

INTENT FORM MUST BE RECEIVED IN NCHSAA OFFICES BY OCTOBER 15; mail to NCHSAA (mark front of envelope with Attn: Realignment) or fax to (919) 240-7399