



## NCHSAA VIOLATION REPORT FORM

School Name:				
Prin	cipal:			
Athle	etic Director:			
Spor	t:			
Play	er(s)'s Name(s) (if applicable):			
s Th	nis a Self-Report?			
Date	(s):			
Opp	onents (if applicable):			
(1)	You MUST include a list of all parties involved with this violation AND indicate their affiliation with the school (i.e., administrator, coach, non-coach staff membe non-faculty coach or volunteer, student-athlete, parent, booster club member, etc.			
(2)	Please provide a brief explanation of the violation and, where applicable, cite the applicable NCHSAA rule(s). Use separate sheets if necessary.			
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PRINCIPAL'S SIGNATURE:		
		<del></del>
DATE.		
DATE:	 	

Once Completed Please Fax to: 919-240-7398