

**GRADE VERIFICATION FORM**

**Completion of this form by school personnel is required before a student is eligible to play in WNC Youth Basketball Association games. Waynesville Youth Basketball will maintain this form in its files concerning player eligibility.**

To be completed by Parent/Guardian

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Player Date of Birth: \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

\_\_\_\_\_  
(Print Name Parent/Guardian) (Signature of Parent/Guardian)

To be completed by school personnel

I, \_\_\_\_\_ of \_\_\_\_\_ School, located at  
(Print Name) (Print Name of School)

\_\_\_\_\_; \_\_\_\_\_ hereby verify that  
(Physical Address) (School Phone Number)

\_\_\_\_\_ is enrolled in the \_\_\_\_\_ grade at the above-named school for the  
(Print Student Name)

2024-2025 academic year.

\_\_\_\_\_  
Signature Date Title (School Administrator, Teacher, Front Office)