



ACADEMY CHANGE OF STATUS FORM

Name of Player: _____

Current Academy Level: _____

Date Change to Begin: _____

*All changes will begin the 1st of the month. Mid-month changes will not be accepted. (Exception: changes made after high school tryouts are over.) This form must be received by the 1st of the month you want to change to begin, if not the change will not begin until the following month.

Changing From:

- Level I Academy to Level II Academy*
- Level II Academy to Georgia Advanced Academy
- Georgia Advanced Academy to _____
- Southern Select Academy to _____
- EPG to/from _____
- Once a week to twice a week
- Twice a week to once a week
Day: _____
- Re – enter program after withdrawal:
Academy Level: _____ (needs approval)
- Other: _____

*Academy registration form and registration fee required

For Office Use Only: initials _____ Date: _____ Invoices/Credits Created (if applicable) _____ Recurring Charges updated _____ Referral Credit updated _____ Database updated _____ Attendance updated _____
