



# Kansas State High School Activities Association

601 SW Commerce Place, Box 495 | Topeka, KS 66601-0495 | Phone: 785-273-5329 | Fax: 785-271-0236 | [kshsaa@kshsaa.org](mailto:kshsaa@kshsaa.org) | [www.kshsaa.org](http://www.kshsaa.org)

**BILL FAFLICK, EXECUTIVE DIRECTOR**

Assistant Executive Directors: Cheryl Gleason, Francine Martin, Mark Lentz, Jeremy Holaday, Craig Manteuffel, Rod Garman

*Member of the National Federation of State High School Associations*

**TO:** Kansas Schools Seeking Approved School Status

**FROM:** Bill Faflick, Executive Director

**DATE:** May 1, 2020

**SUBJECT:** New Procedure for KSHSAA Approved School Application

Attached please find the application for becoming an Approved School for the 2020-21 school year. The packet is also available on our website, [www.kshsaa.org](http://www.kshsaa.org), but will not be mailed.

Please complete the application and return with payment thirty days prior to your first desired competition to allow time for the approval process.

Once your school is granted Approved School status, we will send you a letter of confirmation with the publication packet. You will be listed on the KSHSAA website, [www.kshsaa.org](http://www.kshsaa.org), to enable member schools to confirm your status. KSHSAA member schools cannot compete against your school until this process is completed.

If you have any questions, please contact Lori Brock in our financial office ([lbrock@kshsaa.org](mailto:lbrock@kshsaa.org)).

Thank you,

Bill Faflick  
KSHSAA Executive Director



**2020-2021**

# **KSHSAA APPROVED SCHOOL APPLICATION FORM**

**APPROVED SCHOOL FEE - \$200**

***(optional) DEBATE PARTICIPATION FEE - \$50***

- It is understood our school is not accredited by the Kansas State Department of Education.
- It is understood, if our school is placed on the KSHSAA Approved School list it shall be permitted to compete with KSHSAA member schools, but shall not be eligible to participate in Association-sponsored activities, tournaments or events which are conducted for the purpose of determining an official KSHSAA championship.
- It is understood we may not compete with a KSHSAA member school until our Approved School Status is confirmed.
- It is understood students from other KSHSAA member schools may NOT participate for our Approved School. Failure to follow this expectation will result in immediate revocation of Approved School status.

Our enclosed fee covers (1) placement on the mailing list to receive one copy of each publication (*Calendar, KSHSAA Handbook, Manuals, monthly Journal etc.*), which will improve communications and make us aware of the rules and regulations which are followed by the member schools against whom we may compete; (2) staff (not students) will be allowed to attend rules meetings, clinics, seminars, conferences conducted by the KSHSAA staff, etc.; and (3) our school will be listed in the KSHSAA Directory and website as an approved school.

Name of School \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*(Superintendent, Principal, Headmaster)*

## **COMPLETED APPLICATION AND FEE MUST BE RECEIVED 30 DAYS BEFORE YOUR FIRST DESIRED COMPETITION**

**Mail to: KSHSAA, PO Box 495, Topeka, KS 66601-0495**

***Schools granted approved status will be notified by letter.***

### **FOR KSHSAA USE ONLY**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ SIGNED \_\_\_\_\_

**Section I: General Information**

1. Is this your first application to the KSHSAA to be an approved school?     Yes     No
2. In what year were you last granted approved school status by the KSHSAA?    \_\_\_\_\_
3. How many total years have you been an approved school with the KSHSAA?    \_\_\_\_\_
4. What agency or organization(s) accredits your school? (Please list all and be prepared to submit a copy of certificates of accreditation upon request).  
\_\_\_\_\_  
\_\_\_\_\_
5. When was your school last accredited? (year)    \_\_\_\_\_  
When will your current accreditation expire? (year)    \_\_\_\_\_
6. Are all members of your teaching staff certified by the Kansas State Department of Education?     Yes     No  
\_\_\_\_\_ # certified    \_\_\_\_\_ # uncertified
7. Number of Administrators in your school. \_\_\_\_\_    #KSDE certified \_\_\_\_\_  
If not, who accredits your teaching staff? \_\_\_\_\_
8. Number of full-time teaching staff in your school. \_\_\_\_\_
9. Number of part-time teaching staff in your school. \_\_\_\_\_
10. The daily hours during which classes for students will be conducted in your school building are from \_\_\_\_\_ to \_\_\_\_\_.
11. Number of full-time students currently enrolled in your school by grade.  
\_\_\_\_\_ 9th    \_\_\_\_\_ 10th    \_\_\_\_\_ 11th    \_\_\_\_\_ 12th
12. Does your school operate a home school program?     Yes     No
13. If so, how many of the students enrolled in your school are home schooled? \_\_\_\_\_
14. How many of the students enrolled in your school are dually enrolled (home school and your school), if applicable?
15. Under your school rules must a student attend full time at your school in order to participate in your school's interscholastic activities program?     Yes     No
16. If a student does not have to attend full time at your school in order to participate in its interscholastic activities program, what are the requirements they must meet in order to participate on your school team?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Under your rules are home schooled and/or dually enrolled students eligible to represent your school in interscholastic activities?     Yes     No
18. Will all the students enrolled in your school be attending classes together during all or part of the school day in the same building?     Yes     No

*Responses to Sections II-V will determine your school's eligibility for KSHSAA Approved School status.*

**Section II: Contest Officials & Judges**

PLEASE ANSWER EACH OF THE FOLLOWING:

1. Does your school have a policy or practice that would prevent an athletic official from officiating in one of your school's interscholastic athletic events because of the race, sex, religion or national origin of the official?  
 Yes  No
2. Does your school have a policy or practice that would prevent an activities judge from judging one of your school's interscholastic activities because of the race, sex, religion or national origin of the judge?  
 Yes  No

**Section III: Student Eligibility**

**In the interest of ensuring safety of all participants and fairness in competition between KSHSAA member schools and schools on the Approved School list, please respond to each of the following:**

1. Are students who reach age 19 on or before August 1 considered eligible and allowed participation in athletics and activities programs at your school?  
 Yes  No
2. Are your high school students permitted more than a maximum of 8 possible collective semesters of eligibility for athletics and activities?  
 Yes  No
3. Are your high school students permitted to participate in more than a maximum of 4 seasons in any sport or activity?  
 Yes  No
4. Do you require your students to maintain amateur status (not permitted to receive cash or merchandise awards, receive pay to play or sign a professional contract) in order to participate on your school's athletic teams?  
 Yes  No
5. Would you permit a student attending a KSHSAA member school to participate on your school's team?  
 Yes  No

**Section IV: NFHS Playing Rules**

KSHSAA Handbook Rule 1 requires that all member schools belonging to the Association conduct their athletic competitions under the official rules of the National Federation of State High School Associations. **If a member school schedules a contest with a school on the Approved School list, NFHS playing rules are required.**

1. If your school is granted Approved School status by the KSHSAA, do you agree to conduct athletic contests with member schools in accordance with the official NFHS playing rules?  
 Yes  No

**Section V: League Affiliation & Activities**

1. If your school is currently affiliated with a league or association of schools for activity purposes, what is the name of that league or association?  
\_\_\_\_\_

2. If you are affiliated with a league or association, please describe your involvement in that league or association.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please check the activities your school currently offers students or would like to offer your students.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Football       | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Cross Country   | <input type="checkbox"/> Golf                 |
| <input type="checkbox"/> Tennis         | <input type="checkbox"/> Bowling           | <input type="checkbox"/> Soccer          | <input type="checkbox"/> Gymnastics           |
| <input type="checkbox"/> Wrestling      | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Diving               |
| <input type="checkbox"/> Softball       | <input type="checkbox"/> Baseball          | <input type="checkbox"/> Track & Field   |   |
| <input type="checkbox"/> Speech & Drama | <input type="checkbox"/> Debate (\$50 fee) | <input type="checkbox"/> Music (Vocal)   | <input type="checkbox"/> Music (Instrumental) |
| <input type="checkbox"/> Spirit (Cheer) | <input type="checkbox"/> Spirit (Dance)    | <input type="checkbox"/> Student Council | <input type="checkbox"/> KAY                  |
| <input type="checkbox"/> Scholars Bowl  |  |  |   |

4. Are there facilities for athletic activities at your school location?  Yes  No

5. Please describe the classroom and extracurricular facilities at your school.

---

---

---

---

---

---

---

6. Please enclose a daily class schedule for the classes offered at your school with this application.

7. Please enclose a copy of your annual school calendar.

8. School Mascot \_\_\_\_\_

9. School Colors \_\_\_\_\_

## Section VI: School Directory Listing

As part of your application, please update the information below.

Please return with your application and fee payment.

SCHOOL NAME: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

*Contact Name*

*Contact Email*

Principal:	_____	_____
Athletic Director:	_____	_____
Baseball:	_____	_____
Basketball-Boys:	_____	_____
Basketball-Girls:	_____	_____
Bowling-Boys:	_____	_____
Bowling-Girls:	_____	_____
Cross Country-Boys:	_____	_____
Cross Country-Girls:	_____	_____
Debate:	_____	_____
Football 11-Player:	_____	_____
Football 8-Player:	_____	_____
Golf-Boys:	_____	_____
Golf-Girls:	_____	_____
Gymnastics:	_____	_____
KAY:	_____	_____
Music-Band:	_____	_____
Music-Orchestra:	_____	_____
Music-Vocal:	_____	_____
Scholars Bowl:	_____	_____
Soccer-Boys:	_____	_____
Soccer-Girls:	_____	_____
Softball:	_____	_____
Speech:	_____	_____
Spirit-Cheer:	_____	_____
Spirit-Dance:	_____	_____
Student Council:	_____	_____
Swimming & Diving-Boys:	_____	_____
Swimming & Diving-Girls:	_____	_____
Tennis-Boys:	_____	_____
Tennis-Girls:	_____	_____
Track & Field-Boys:	_____	_____
Track & Field-Girls:	_____	_____
Volleyball:	_____	_____
Wrestling-Girls:	_____	_____
Wrestling-Boys:	_____	_____