

TO BE USED BY GUIDANCE OFFICES FOR ALL TRANSFERS –

FORWARD THESE SHEETS TO THE ATHLETIC DIRECTOR

STUDENT TRANSFER INFORMATION

All transfers in grades 9-12 **must** complete this form. **Upon completion, forward to the Athletic Director.**

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Date of transfer \_\_\_\_\_ Grade level \_\_\_\_\_  
Current Address \_\_\_\_\_

Date of entrance into the 9<sup>th</sup> grade \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Current addresses \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

How long has student resided at the current address? \_\_\_\_\_  
With whom is the student residing? \_\_\_\_\_  
Relationship of this( these) person (s)? \_\_\_\_\_  
Reason for transfer? \_\_\_\_\_

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Student's previous address \_\_\_\_\_

How long did student reside at the previous address? \_\_\_\_\_  
With whom did student reside at previous address? \_\_\_\_\_  
Relationship of this (these) person (s)? \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_  
Previous school address \_\_\_\_\_

Date of entry into previous school \_\_\_\_\_

Did student participate in interscholastic athletics at previous school?

YES  NO

IF YES PLEASE COMPLETE SPORT HISTORY PAGE-

**TRANSFER STUDENT SPORT HISTORY**

**STUDENT NAME** \_\_\_\_\_

**School transferred FROM** \_\_\_\_\_

**LIST ALL SPORTS AND LEVELS COMPETED IN AT THE ABOVE SCHOOL(S)**

	<b>YEAR</b>	<b>SPORT</b>	<b>LEVEL</b>	<b>SCHOOL</b>
<b>7<sup>th</sup> grade</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>8<sup>th</sup> grade</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>9<sup>th</sup> grade</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>10<sup>th</sup> Grade</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>11<sup>th</sup> grade</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>12<sup>th</sup> grade</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**ADs note- Please provide a copy of this form when requesting an ELIGIBILITY WAIVER for a transfer student.**

**REQUEST FOR WAIVER OF NYSPHSAA ELIGIBILITY STANDARD #29 - TRANSFER**

**INCOMPLETE OR PARTIAL FORMS WILL NOT BE ACCEPTED**  
**All pages must be completed in order for the request to be considered...**

**THIS PAGE TO BE COMPLETED BY STUDENT'S PRESENT SCHOOL**

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Date of transfer \_\_\_\_\_ Grade level \_\_\_\_\_  
Current Address \_\_\_\_\_

\_\_\_\_\_

Date of entrance into the 9<sup>th</sup> grade \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Current addresses \_\_\_\_\_  
Telephone number(s) \_\_\_\_\_

How long has student resided at the current address? \_\_\_\_\_  
With whom is the student residing? \_\_\_\_\_  
Relationship of this( these) person (s)? \_\_\_\_\_  
Reason for transfer? \_\_\_\_\_  
(attach supporting material and documentation- i.e. transfer history, transcript etc.)

**TO BE SIGNED BY SCHOOL ADMINISTRATORS OF SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED AFTER RECEIPT OF PAGE TWO FROM THE STUDENT'S PREVIOUS SCHOOL.**

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fred Ahart  
Section IX Eligibility Chairperson

DISAPPROVED

REFERRED TO THE ELIGIBILITY COMMITTEE

Page TWO

TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED AND RETURNED TO STUDENT'S PRESENT SCHOOL

Student's name \_\_\_\_\_

Name of school attended prior to transfer \_\_\_\_\_

Address of prior school \_\_\_\_\_  
 \_\_\_\_\_

Date of entrance into this school \_\_\_\_\_

Date of entrance into the 9<sup>th</sup> grade \_\_\_\_\_

Date of withdrawal from this school \_\_\_\_\_

Reason for withdrawal  
 \_\_\_\_\_

Student's address while attending the above school \_\_\_\_\_  
 \_\_\_\_\_

With whom did the student residing? \_\_\_\_\_

Relationship of this( these) person (s)? \_\_\_\_\_

Did student participate in interscholastic athletics at previous school ? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please complete Sport History Page.

The undersigned have no knowledge that the student named herein has transferred to his/her present school with inducement, recruitment or having sought an athletic advantage.

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

If unsigned please state reason  
 \_\_\_\_\_

**SECTION IX DURATION OF COMPETITION EXTENSION APPLICATION  
 TO BE FORWARDED TO THE ELIGIBILITY COMMITTEE**

**I. PERSONAL DATA**

Student's name \_\_\_\_\_ Telephone # \_\_\_\_\_

Current Address \_\_\_\_\_ Grade level \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

School \_\_\_\_\_

School phone # \_\_\_\_\_

Seasons and sports requested \_\_\_\_\_

Pupil's Athletic History	Number of seasons	School
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Sport \_\_\_\_\_ participated \_\_\_\_\_ years \_\_\_\_\_

**II. Date of Entry (Beginning of Sport Participation in High School Level of Competition ) Attach Transcript**

- A. Date of Entry into 9<sup>th</sup> Grade \_\_\_\_\_  
 \_\_\_\_\_  
 Month                      Day                      Year
- B. Date of Entry into 8<sup>th</sup> grade \_\_\_\_\_  
 \_\_\_\_\_  
 Month                      Day                      Year
- C. Date of Entry into 7<sup>th</sup> grade \_\_\_\_\_  
 \_\_\_\_\_  
 Month                      Day                      Year

**III. Reason for Request for Extension**

Describe the reason for requestiong an extension for duration of Competition as it related to the appropriate circumstances. You may attach supporting documents.

- A. Illness- \_\_\_\_\_
- B. Accident- \_\_\_\_\_
- C. Other Circumstances \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED                      Signature \_\_\_\_\_ Date \_\_\_\_\_

DISAPPROVED

Fred Ahart  
Section IX Eligibility Chairperson