

APPLICATION FOR TRANSFER ELIGIBILITY

For more information see "Understanding Transfer Eligibility for Parents Handbook" at CHSAANow.com

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This form must be filled out by the parent and sending school and given to the receiving school. The receiving school shall complete page 3 and submit completed Form 9 for review by league and CHSAA office.

MUST BE SUBMITTED IN PERSON

NOTE: SUBMIT ONLY THE ORIGINAL DOCUMENT. ALLOW 10 BUSINESS DAYS FOR INVESTIGATION AND REVIEW. AT THE TIME OF FILING THE DOCUMENT, SUBMIT ALL KNOWN FACTS AND/OR DOCUMENTS. ADDITIONAL FACTS SUBMITTED WILL NOT BE CONSIDERED UNLESS ADDITIONAL INFORMATION IS REQUESTED BY THE COMMISSIONER. (sending=school transferring from; receiving=school transferring to.)

1. STUDENT'S NAME _____	DATE OF BIRTH ____/____/____	Circle one: <u>9</u> <u>10</u> <u>11</u> <u>12</u> (yr in school)
2. CURRENT ADDRESS _____	(city) _____	PHONE (____) _____ (area code)
3. FORMER ADDRESS _____	(city) _____	(zip) _____
4. TRANSFER FROM _____	HIGH SCHOOL TO _____	HIGH SCHOOL
5. ENROLLED IN PREVIOUS SCHOOL FROM ____/____/____ TO ____/____/____	Began attending NEW school on ____/____/____ (high school enrollment only) month/day/year month/day/year month/day/year	
6. LIST ALL HIGH SCHOOLS & DATES ATTENDED _____		

7. APPLICATION MADE UNDER THE FOLLOWING: (Please check next to the one for which you are applying)

- We are applying for FULL VARSITY ELIGIBILITY after a bona fide move and/or I DID NOT PARTICIPATE IN ANY SPORTS the last 12 months. (All documentation must be attached)
- We are applying for the 50% varsity eligibility rule (summer transfer-non bona fide move) in the sports that I played in the last 12 months.
- We are applying for a mid-year transfer
- We are applying for a "HARDSHIP EXCEPTION" as defined (unforeseen, unavoidable and uncorrectable) in accordance with the CHSAA. A letter must outline the hardship and include documentation or proof including court, police or school records. (See enclosure)
- Application for transfer from a foreign country not in an approved exchange program. (Submit foreign student form also)

8. PLACE A CHECK MARK IN FRONT OF EACH SPORT YOU COMPETED IN AN INTERSCHOLASTIC SPORT CONTEST AT ANY LEVEL DURING THE 12 MONTHS PRECEDING THE TRANSFER.

This includes all scrimmages, pre-season games, league games, played games, etc! ANY contest of ANY kind.

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|---|--|--|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> FIELD HOCKEY | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> GOLF |
| <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> ICE HOCKEY | <input type="checkbox"/> LACROSSE | <input type="checkbox"/> SKIING | <input type="checkbox"/> SOCCER | <input type="checkbox"/> SOFTBALL |
| <input type="checkbox"/> SPIRIT | <input type="checkbox"/> SWIMMING & DIVING | <input type="checkbox"/> TENNIS | <input type="checkbox"/> TRACK & FIELD | <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> WRESTLING |
| <input type="checkbox"/> I DID NOT PLAY SPORTS AT ANY LEVEL AT ANY SCHOOL IN THE LAST 12 MONTHS | | | <input type="checkbox"/> MID-YEAR TRANSFER | | |

9. FORMER SCHOOL ATHLETIC DIRECTOR'S SIGNATURE AFFIRMING THE ABOVE _____

10. CERTIFICATION OF APPLICATION: By filling this application for interscholastic eligibility, I specifically authorize any and all of this student's former and current/new high schools to release all records regarding this student and to disclose to the CHSAA representative any information or documentation needed or requested by the CHSAA in making this eligibility determination. I authorize the CHSAA to use that information in making its decision. I understand that the CHSAA may be unable to grant athletic eligibility absent the disclosure of relevant information or documentation from this student's former or current/new high schools. I am authorized to make this request. I affirm that all of the above statements are true to the best of my knowledge. In accordance with bylaw 1800.74.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT

DATE

