

Date _____

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Restricted Eligibility-Bottom front page
Out-of-State Transfer Waiver-Reverse side
Mid-Year Transfer Waiver-Reverse side

COMPLETE AND ATTACH FORM #7
(Transfer Contact Information) for all
transfer waiver requests submitted to the
CHSAA office

Transfer Waiver Form

Receiving School _____ Administrator _____ Title _____

Address _____ City _____ Zip _____

School Phone _____ Fax Number _____ Date _____

STUDENT (subject of waiver request) INFORMATION:

Name _____ DOB _____ Age _____ Grade _____

Current Address _____ City _____ Zip _____

Is this in the attendance area of the above school? Yes No

Previous Address _____

Parents/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Living With _____

Date of Enrollment at Current School _____

School(s) previously attended (attach sheet if more than one): Practiced or played this year at previous school? Yes No

School _____ City _____ State _____

Enrollment from (month/day/year) _____ to (month/day/year) _____

FULL VARSITY ELIGIBILITY FOR ALL SPORTS IS GRANTED IF ITEM 1 OR 2 IS VERIFIED AND CHECKED

*Bona fide family move means a permanent change in residence by the student and his entire family that makes it necessary for the student to change his/her school of attendance. Evidence to help support that there has been a bona fide family move can include, but is not limited to a significant change in other family circumstances, such as a change in employment, health or marital status. Under no circumstances may a move found to be substantially motivated by athletic considerations be considered a bona fide family move.

1. *I have determined that the transfer meets the definition of a bona fide move as stated in CHSAA By-law 1800.44(a).

2. Has not participated in any sports (activities) in the past 12 months – if checked, verify with Item 3 below.

To my knowledge, the reason for the transfer is as stated in #1 or #2 above. If Item #1 or #2 is checked, list on Form 4 - Data for Transferred Students - AND RETAIN IN YOUR FILES.

Receiving Principal/Athletic Director Signature _____

If #1 or #2 is not checked, go to #3 (Restricted Eligibility) OR #4 to waive the transfer rule based on a documented hardship.

3. **APPLICATION FOR RESTRICTED SUB VARSITY ELIGIBILITY** - For students who transfer schools without a documented bona fide family move. Students are restricted to the sub varsity level in those specific sports in which they participated during the 12 months prior to the school transfer. (No league action required.)

A. Principal of sending school to list sports in which student competed in an interscholastic contest or scrimmage (league or non-league) on school teams during 12 months preceding date of transfer. This is to include any level of competition such as Frosh, Soph, JV, Varsity, etc. If none of the above apply, write "none" for the specific sport season.

Fall Sport _____ Winter Sport _____ Spring Sport _____

Signature of Sending School Principal/Athletic Director _____

Sub varsity eligibility ONLY in the following sports: _____

Sub varsity for the first 50% of the season in the following sports: _____

If a bona fide family move - full eligibility

If no participation in the last 12 months, then full eligibility

Signed CHSAA Commissioner: _____

DATE: _____

4. **Mid-Year Transfer** - CHSAA By-law 1800: Once a student has competed in an interscholastic scrimmage or contest -OR- has been enrolled and begun attending a school for 15 days, the student is restricted to the sub varsity level in those sports in which the student has participated in during the previous 12 calendar months, unless the transfer has resulted from a bona fide change of residence by the student and his/her entire family or the following waiver is approved (see CHSAA By-law 1800-Transfer for complete information).

A waiver of transfer By-law 1800 for varsity eligibility can be approved only if a hardship exists. A hardship is defined as "an unforeseen, unavoidable and/or uncorrectable act, condition or event that imposes a severe, non-athletic burden upon the student or his/her family." Instructions - **Complete Items B, C, D, E.** Submit to league and forward to CHSAA office.

Transfer Description - Check <u>one</u> applicable box only	
<input type="checkbox"/> Court ordered transfer	<input type="checkbox"/> Military Transfer
<input type="checkbox"/> Transfer with no change of residence	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Broken Home (move from one parent to other parent)	

- B. STATEMENT FROM RECEIVING SCHOOL:** Attach to this form all supporting documents, i.e. doctor's statement, court documents psychological report, previous school statement, and other letters or statements supporting hardship conditions.

The conditions stated in this waiver regarding this student are, to the best of my knowledge, true and complete.

I do do not recommend the waiver be granted (attach additional sheets if necessary).

Signed: _____ Date _____
 (Receiving School Athletic Director/Principal or Superintendent)

- C. Record of participation (indicate sports played interscholastically at any level FR, SO, JV, V):**

(Grade)	(School/Yr)	(Fall)	(Winter)	(Spring)
9th	_____	_____	_____	_____
10th	_____	_____	_____	_____
11th	_____	_____	_____	_____
12th	_____	_____	_____	_____

- D. STATEMENT FROM SENDING SCHOOL:** - (Former school of attendance) The above stated conditions of this student are, to the best of my knowledge, true and complete. Yes No If no, submit a letter of explanation with the waiver request.

I do do not recommend that this waiver be granted. If you do not, submit a letter of explanation.

Signed (Principal/Superintendent) _____ Date _____

- E. RECOMMENDATION OF THE LEAGUE** (do not consider until all paragraphs have been completed): The _____

League has reviewed the conditions of the above named student and voted as follows: ___ in favor, ___ not in favor of granting the request. The league does does not recommend the waiver of the rule in this case.

Signed (League President) _____ Date _____

CHSAA OFFICE USE ONLY TRANSFER HARDSHIP VARSITY ELIGIBILITY WAIVER APPROVED
 VARSITY ELIGIBILITY WAIVER DENIED RESTRICTED ELIGIBILITY

COMMENTS:

Signed (CHSAA Commissioner) _____ Date _____

TRANSFER CONTACT INFORMATION



This form must be filled out by the parents and student-athlete any time a transfer is made. This form must accompany all hardship waivers submitted to the CHSAA office. Submit all other Transfer Contact Information forms to CHSAA with your eligibility lists. This form must be on file with the school before participation unless #1, 2, 3, 4, shows a violation.

STUDENT'S NAME _____

PARENTS NAME _____

PREVIOUS SCHOOL _____

DATE ENROLLED AT CURRENT SCHOOL _____

SCHOOL TO WHICH YOU ARE TRANSFERRING _____

REASON FOR TRANSFER _____

SPORT PARTICIPATION DURING THE 12 MONTHS PRIOR TO THE TRANSFER:

FALL _____ WINTER _____ SPRING _____

CONTACT YOU HAVE HAD WITH THE NEW SCHOOL PRIOR TO TRANSFERRING

1. List any affiliation you have had with the new school prior to enrollment (outside club teams, competition with or against the new school, summer leagues, etc.)

2. List any coaches at the new school with whom you spoke prior to enrollment.

3. List any other person at the new school with whom you had contact prior to enrollment (Principal, Athletic Director, Parent Group, Booster, etc.)

4. Did anyone contact you about attending or playing for the new school prior to enrollment?

YES NO

If yes, please explain:

RECEIVING SCHOOL ATHLETIC DIRECTOR

As the Athletic Director of _____ High School, I verify to the best of my knowledge that no athletic recruiting effort has been made by any staff or school representatives to persuade this student-athlete to register at our school.

ATHLETIC DIRECTOR/PRINCIPAL: _____
Signature required

I verify that the information on this form is correct under potential penalty of ineligibility and restriction from state playoff competition for the athlete and/or team.

Student: _____

I verify that the information on this form is correct under potential penalty of ineligibility and restriction from state playoff competition for the athlete and/or team.

Parent: _____