APPLICATION FOR TRANSFER ELIGIBILITY

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

This form must be filled out by the parent and sending school and given to the new school. The new 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 <u>ORIGINAL</u> DOCUMENT. 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; new=school transferring to)

COMMISSIONER. (Sending=school transferring from; new=school tr	ansterring to)			
1. STUDENT'S NAME	DATE OF BII	Circle one:DATE OF BIRTH//		
2. CURRENT ADDRESS		PI	HONE ()	
3. FORMER ADDRESS	(city)	(zip)	(area code)	
4. TRANSFER FROM	(city)	(zip)	HIGH SCHOOL	
5. ENROLLED IN PREVIOUS SCHOOL FROM/TO_ month/day/year	Began attending NI month/day/year	EW school on/ mor	//_ nth/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. (All documentation must be attached) We are applying for broken home exception. (All documentation must be attached) We are applying for a "HARDSHIP EXCEPTION" as defined (a situation, condition or event that is beyond the control of the student or his/her family) in accordance with the CHSAA. A letter must outline the hardship and include documentation or proof including court, police or school records. Student DID NOT PARTICIPATE IN ANY SPORTS in the last 365 days. (All documentation must be attached) 8. PLACE A CHECK MARK IN FRONT OF EACH SPORT YOU COMPETED IN AN INTERSCOLASTIC SPORT CONTEST AT ANY LEVEL DURING THE PREVIOUS 365 DAYS PRECEDING THE TRANSFER. This includes all scrimmages, pre-season games, league games, played games, etc. ANY contest of ANY kind.				
BASEBALL BASKETBALL CROSS COUNT	RY FIELD HOCKEY F	OOTBALL	GOLF	
GYMNASTICS ICE HOCKEY LACROSSE	SKIING SC	OCCER	SOFTBALL	
SPIRIT SWIMMING & DIVING TENNIS	TRACK & FIELD V	OLLEYBALL	WRESTLING	
I DID NOT PLAY SPORTS AT ANY LEVEL AT ANY SCHOOL IN THE LAST 12 MONTH				
9. FORMER SCHOOL ATHLETIC DIRECTOR'S SIGNATURE AFFII	RMING THE ABOVE			
10. CERTIFICATION OF APPLICATION: By filling this application for intersch current/new high schools to release all records regarding this student and to				

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.

1000.74

SENDING SCHOOL-please initial all that apply and	d sign below:		
YES NO	YES NO		
STUDENT WAS ACADEMICALLY ELIGIBLE AT TIME OF TRANSFER STUDENT IS TRANSFERRING WITH NO DISCIPLINARY ACTION TAKEN OR PENDING/NOT A NEGOTIATED WITHDRAWAL	STUDENT MET ALL OTHER ELIGIBILITY RULES AT TIME OF TRANSFER STUDENT IS AN INTRA-DISTRICT TRANSFER		
Sending School Administrator's Signature	Date		
BY SIGNING THIS FORM, PARENTS AND STUDENT ACKNOWLE CHSAA RULES AND AGREE TO THOSE RE			
PRE-ENROLLMENT CONTACT AFFIDAVIT – READ CARE PARENT'S AND STUDENT STATEMENT			
1. <u>SIGN IF TRUE:</u> By signing the affidavit below, I certify that no person who of the enrolling (new) school, or is associated with the school or who communication, directly or indirectly, through intermediaries or otherwiparents or legal guardian prior to the completion of the enrollment participated during the previous 365 days on any non-school athletic tear school team, etc.) that is associated with or coached by anyone associate understand that, if after the approval of this application, it is discovered erroneous, inaccurate or incomplete information, the student will become for 365 days. (Sign below only if this is a true statement. If not, sign states	o was acting on their behalf has had ANY ise with this transfer student, the student's t process at school. My student has not m* (i.e., AAU, American Legion, club or high red with the enrolling school. I affirm that I that this approval was granted under false, me ineligible for future varsity competition		
Parent's Signature Date Student's Sign	nature Date		
2. If the statement above is not true and not signed, please provide an ex	xplanation.		
+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++		
SENDING SCHOOL STATEMENT			
I verify that the information submitted is accurate per my knowledge of this stud	dents transfer.		
Signature of sending school Athletic Director/Principal	Cell phone		
I/we believe this is a transfer substantially motivated by athletic consideration of the support and the suppo			
Signature of Athletic Director/Principal			