



STUDENT-ATHLETE TRANSFER FORM

Filling out this form does not grant athletic eligibility. Complete this form for any student who transfers after the beginning of the season.

STUDENT INFORMATION:

First Middle Last

Birth Date

BIOLOGICAL FATHER INFORMATION:

First Middle Last

Address City State Zip

BIOLOGICAL MOTHER INFORMATION:

First Middle Last

Address City State Zip

PREVIOUS SCHOOL INFORMATION:

School Name Withdrawal Date

Reason for withdrawing: _____

Was student involved in sports at previous school (Y/N)? _____ If yes what sport(s) _____

Previous Address City State Zip

Person living with student #1 2nd Person living with student (if applicable)

NEW SCHOOL INFORMATION:

School Name Start Date

Is the transfer athletically motivated (YES/NO)? _____

Current Address City State Zip

Person living with student #1 2nd Person living with student (if applicable)

I declare that the answers provided above are true and correct to the best of my knowledge.

AD Signature

Date