

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 ____/____/____ (high school enrollment only)	TO ____/____/____ month/day/year	Began attending NEW school on ____/____/____ 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 student 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 INTERSCOLASTIC 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.

- | | | | | | |
|---|--|--|--|-------------------------------------|------------------------------------|
| <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

rev. 8/8/17

SENDING SCHOOL-please initial all that apply and sign below:

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YES NO

STUDENT WAS ACADEMICALLY ELIGIBLE AT TIME OF TRANSFER
STUDENT IS TRANSFERRING WITH NO DISCIPLINARY ACTION TAKEN OR PENDING/NOT A NEGOTIATED WITHDRAWAL

YES NO

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 ACKNOWLEDGE THEY ARE INFORMED OF THE CHSAA RULES INCLUDING BYLAW 1800.74 AND ARE AGREEING TO THEM.

PRE-ENROLLMENT CONTACT AFFIDAVIT – READ CAREFULLY BEFORE SIGNING!!!!

PARENT'S AND STUDENT STATEMENTS #1 AND OR 2, OR 3

1. SIGN IF TRUE: By signing this affidavit below, I certify that no person who is connected with the athletic department of the enrolling (new) school, or is part of the booster club or who was acting on their behalf has had ANY communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents or legal guardian prior to the completion of the enrollment process at school. (Sign below only if this is a true statement. If not, sign statement #3 and attach an explanation)

Parent's Signature _____ Date _____ Student's Signature _____ Date _____

2. SIGN IF TRUE: By signing this affidavit below, I certify that the student has not participated during the previous 12 months on any non-school athletic team* (i.e. AAU, American Legion, club or high school team, etc.) that is associated with or coached by anyone associated with the enrolling school. (Sign below only if it is a true statement. If not, sign statement #3 and attach an explanation.) I further affirm that I understand that if subsequent to the approval of this application, it is discovered that this approval was granted under false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.

Parent's Signature _____ Date _____ Student's Signature _____ Date _____

3. SIGN IF EITHER #1 OR #2 ABOVE ARE NOT TRUE: I am unable to certify that one or both of the above statements are true. Therefore, as required, I am submitting a complete written disclosure of the specifics. (Attach the explanation to this form).

Parent's Signature _____ Date _____ Student's Signature _____ Date _____

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SENDING AND CURRENT/NEW SCHOOL STATEMENTS

My signature below attests that to the best of my knowledge I have no credible** evidence of any person who is connected with the athletic department of the new school or who is part of the booster club of the new school or who is acting on their behalf, having communication, directly or indirectly, through intermediaries or otherwise with the transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of the student, prior to the completion of the enrollment process. Furthermore, I am not aware of this student participating during the previous 12 months on any non-student athletic team* that is associated with the enrolling school. I am not aware of anything that would constitute an athletically motivated transfer. (See definition)

<p align="center"><u>Athletic Director Sending School</u></p> <p><input type="checkbox"/> Athletic Director confirms he/she has included head coaches verifying this is a non-athletic transfer</p> <p>_____ Signature of Athletic Director</p>	<p align="center"><u>Athletic Director Current/New School</u></p> <p><input type="checkbox"/> Athletic Director confirms he/she has included head coaches verifying this is a non-athletic transfer</p> <p>_____ Signature of Athletic Director</p>
<p><input type="checkbox"/> _____ Signature of SENDING Principal unable to certify statement above Date _____</p>	<p><input type="checkbox"/> _____ Signature of NEW Principal unable to certify statement above Date _____</p>

CURRENT/NEW SCHOOL USE ONLY

Receiving School _____

Administrator of Receiving School Applying for Waiver _____

Phone _____ Email _____

Student Name _____ Grade _____

Parent Name _____

- Upon review of all materials and required documentation submitted, I have determined this transfer to be a Bona fide family move or the student has not participated in the past 12 months (please enclose documentation).
- Upon review of all materials and required documentation, I have determined this transfer meets the 50% varsity eligibility requirements (non-athletic, not following a coach, and all other eligibility requirements are met (please enclose documentation).
- Upon review of all materials and required documentation, I have determined this transfer to be a mid-year transfer (please enclose documentation).
- Upon review of all materials and required documentation of a hardship as defined, a hardship waiver is recommended (attach all documentation).
- Upon review of materials and required documentation, this transfer meets the broken home exception.
- Upon review of documentation provided by the family, I am applying for a transfer waiver from a foreign country not in an exchange program.

List of materials and required documentation needed for each waiver:

<u>Bona Fide Move</u>	<u>50%</u>	<u>Hardship</u>
Sale or termination of lease	Academically eligible	Proof of unforeseen/unavoidable
Purchase or rental agreement	Discipline Approval	uncorrectable
Full year lease on house if trying to sell a house	Non-athletic motivated	Agreement of above by prior school
Proof of change of address:	Proof of reason for transfer	Letter from parents specifically stating what the hardship is
• Driver's License		Any other documentation proving hardship
• Motor Vehicle Registration		Divorce Decree
• Post Office		Other
• Utility Bill (gas, electric)		

I have verified the information submitted to me by parent through the prior student's school's administration. The name and phone number of the person at the prior school that I communicated with:

Name _____ School _____

Signature of Principal or Athletic Director _____

League vote ___ For ___ Against ___ Approved ___ Denied

~~CHSAA OFFICE USE ONLY~~

___ Varsity Eligibility Approved ___ 50% Eligibility ___ Varsity Eligibility Waiver Denied

Comments:

Signed _____ Date _____