

NYSPHSAA TRANSFER REGULATION TRANSFER TO SCHOOL OF RESIDENCE FORM

(Incomplete or partial forms will not be accepted)

TO BE COMPLETED BY STUDENT'S SCHOOL OF RESIDENCE

School reporting transfer:		
Student's name Date of transfer Current address	Grade level	Age
Parents' Names Current Address(es)		
Telephone Number(s) _()		()
How long has student resided at With whom is student residing? Relationship of this (these) pers		
Reason for transfer (be specific)		
Signed by school administrators The undersigned hereby certify this/her school of residency without athletic advantage. Superintendent's signature	that the student named out <u>inducement, recruit</u>	herein has transferred to ment or having sought an
Principal's signature Athletic Director's signature *********************************		Date
APPROVED Signatu DISAPPROVED	re Executive Direct	Date or
REFERRED TO ELIGIBILITY	COMMITTEE	
STUDENT RETURNED TO D	ISTRICT OF RESIDENC	Y
	Executive Director – – Wyoming – NY - 1	

PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED AND RETURNED TO STUDENT'S PRESENT SCHOOL

Name of Student	
Date of entrance into the ninth grade	
Name of School Attended Prior to Transfer Address of School	
Date of entrance to this school Date of withdrawal from this school	
Reason for withdrawal	
Student's address while attending the above school _	
With whom did student reside at this address? Relationship of this (these) person(s)?	
Did student participate in interscholastic athletics at p If yes, please complete Sport History in section three	
The undersigned have no knowledge that the student to his/her present school with inducement, recruitment athletic advantage.	
Superintendent's signature	Date
Principal's signature	Date
Athletic Director's signature	Date
If unsigned, please state reason	

Date of	entrance int	to the ninth grade		
7th Grade	Year	Sport	Level	School
8th Grade				
9th Grade				
10th Grade				
11th Grade				
12th Grade				

PART THREE - TRANSFER STUDENT SPORT HISTORY