

*CATHOLIC HIGH SCHOOL FOOTBALL LEAGUE
OF METROPOLITAN NEW YORK
STUDENT-ATHLETE TRANSFER FORM*

The purpose of this form is to provide information to determine eligibility for transfer students. This form is to be *fully completed* for all transfer student-athletes. All Forms must be submitted to the President of the League for review by the Executive Board.

Part I: STUDENT INFORMATION (To be completed by the transferring student-athlete upon registration at the receiving school)

Student's Name

Year of Graduation

Street Address

Apt. #

Home Phone

City, State, Zip Code

Cell Phone

Parent or Legal Guardian Name

Date of Birth

Previous School

Catholic, Private, or Public

Street Address

Date of Initial Entry(9th Gr.)

City, State, Zip Code

New School

Please state reason for transfer: _____

Please check one of the following:

_____ Student *did* represent the sending school in interscholastic football competition in the 9th, 10th and 11th grade in the one year period immediately preceding transfer.

_____ Student *did not* represent the sending school in interscholastic football competition in the 9th, 10th and 11th grade in the one year period immediately preceding transfer.

Parent or Legal Guardian Signature

Student Signature

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Part II: RECEIVING SCHOOL (To be completed by the school into which the student-athlete transferred)

Date of Registration _____

1. Is the student applying for an exemption to the transfer rule?
Yes _____ No _____
If YES, please attach a written explanation.
2. Is the student applying for an exemption that is not stipulated in the CHSFL Constitution?
Yes _____ No _____
If YES, please attach a written statement requesting exemption.
3. Does the student reside full time with parent(s), custodial parent(s), or court appointed legal guardian?
Yes _____ No _____
If NO, please attach all appropriate documentation.
4. Do you know of any basis for objecting to the student's eligibility?
Yes _____ No _____
If YES, please attach a written explanation.

Chief Administrator's Signature and Date

Athletic Director's Signature and Date

Part III: SENDING SCHOOL (To be completed by the Sending School and returned to Receiving School)

Date of Withdrawal _____

1. To your knowledge, is the information provided in Part I and II true and correct?
Yes _____ No _____
2. Was this student eligible for interscholastic football at your school at the time of transfer?
Yes _____ No _____
If NO, please attach a written explanation.
3. Did the student participate on the football team at your school (or any other school) in a one-year period immediately preceding his transfer?
Yes _____ No _____
4. Do you have evidence of recruiting which influenced this transfer?
Yes _____ No _____
If YES, please attach available documentation.
5. Do you have any reason to object this student's eligibility?
Yes _____ No _____
If YES, please attach available documentation.

Chief Administrator's Signature and Date

Athletic Director's Signature and Date

FOR OFFICIAL USE ONLY:

Recommendation of Executive Board

Date Received

President's Signature

Date