

**NASSAU – SUFFOLK CATHOLIC HIGH SCHOOL
ATHLETIC ASSOCIATIONS**

STUDENT TRANSFER FORM

(incomplete or partial forms will not be approved)

The purpose of this form is to provide information to determine athletic eligibility for transfer students. This form is to be completed for all student transfers occurring from the Wednesday after Labor Day of their Freshman year and thereafter. All forms must be submitted to the Principals' Transfer Liaison for review and given to the Athletic Directors' Council and the Board of Principals.

Part I. STUDENT INFORMATION: (to be completed by the student upon registration at the receiving school)

Student's Name _____		Date of Entry to 7 th Grade _____	
_____ Male _____ Female		_____ Expected Year of High School Graduation	
_____ Address (Street, Town, State & Zip Code)		_____ Date of Entry to 9 th Grade	
_____ Parent or Guardian Name		_____ Home Phone Number	
_____ Previous School		_____ New School	
_____ Previous School Address (Street, Town, State & Zip Code)			

Please State Reason for Transfer

ANY STUDENT RETAINED IN ANY GRADE AFTER THE 6TH GRADE MUST GO TO PAGE 3, PART IV TO COMPLETE THIS FORM. ALL OTHERS COMPLETE BELOW:

Please check one of the following that apply:

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

Student did not represent sending school in interscholastic competition in the 9th, 10th, or 11th grade in the one-year period

A student transferring at the start of 10th grade is not subject to the Bench Rule

If the student did represent the sending school in interscholastic competition prior to transferring, please list each sport and the season so represented:

	SPORT	LEVEL		SPORT	LEVEL		SPORT	LEVEL
9 th Grade			10 th Grade			11 th Grade		

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment, financial reward or any specific promise of special consideration or opportunity. Making false statements may result in discontinuance as a student-athlete.

Parent or Guardian Signature _____ Date _____

Student Signature _____ Date _____

(OVER)

Part II: Receiving School (to be completed by the school into which the student transferred to):

Please complete the following information:

DATE OF REGISTRATION: _____
DATE OF FIRST CLASS ATTENDANCE: _____

1. Yes No Is the student applying for a statutory exemption to the transfer rule? If Yes, please state the by-law under which the student is applying:

(Please note that statutory exemptions require documentation. Foreign exchange students must have proper Visa document including a Diocese of Rockville Centre approved I-20)

2. Yes No Is the student applying for an exemption that is not stipulated under statutory exemptions? If Yes, please attach a written statement requesting exemption

3. Yes No Does the student reside full time with parent(s), custodial parent or court appointed legal guardian? List address here: _____

4. Yes No Do you know of any basis for objecting to the student's eligibility? If yes explain:

Principal's Signature (Date)

Athletic Director's Signature (Date)

Athletic Director Phone #: _____

Part III: Sending School (to be completed by Sending School and returned to Receiving School):

Please complete the following information:

DATE OF WITHDRAWAL: _____

1. Yes No To your knowledge is the information provided in Part I, Part II, and Part IV true and correct?

2. Yes No To your knowledge was this student retained in either the 7th or 8th Grade?

3. Yes No Was the student eligible for interscholastic athletics at your school at the time of the transfer? If no, please explain:

4. Yes No Did this student participate in interscholastic athletics at your school (or any other school) a one year period immediately preceding his/her transfer. If so please list which sports:

5. Yes No Do you have evidence of recruiting which influenced this transfer? If yes, explain and attach available documentation:

6. Yes No Do you have any reason to object to this student's eligibility? If yes, explain and attach available documentation:

Principal's Signature (Date)

Athletic Director's Signature (Date)

Athletic Director Phone #: _____

Date Reviewed

Recommendation of Principals'
Transfer Liaison

Signature of the Liaison

Part IV: (TO BE COMPLETED IF STUDENT WAS RETAINED IN ANY GRADE AFTER THE 6TH GRADE)

Student's Name _____

Date of Entry to 7th Grade _____

Date of Entry to 9th Grade _____

List the grade in which the student was retained: _____

Name and location of School where student was retained: _____

TRANSFER STUDENT SPORT HISTORY (Please include all sports participated in)

Grade	Year	Sport	Level			School
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
7			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
8			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
9			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
10			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
11			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	
			<input type="checkbox"/> Mod	<input type="checkbox"/> Frosh/JV	<input type="checkbox"/> Var	

The undersigned hereby certifies that the student names herein has transferred to his/her present school without inducement, recruitment, financial reward, or any specific promise of special consideration or opportunity. Making false statements may result in discontinuance as a student-athlete.

Parent or Guardian Signature _____

Date _____

Student Signature _____

Date _____

