

ATHLETIC TRANSFER

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION 8011 Ustick Rd Boise ID 83704 Fax: 208-322-5505

This form is to be completed by an administrator of the school to which student has transferred. A transfer student is not eligible to participate until this form is on file in the IHSAA office and permission to compete has been granted by the IHSAA.

SCHOOL	CITY				
STUDENT	Male	Female	BIRTHDATE		
Date of entry into your school	Date of	first enrollm	ent in 9th grade	Mo. Day	
Mo. Day Year Did the above student attend school last semester? Yes	No			Month &	
Did the student pass the required number of courses last gradin	ng period?	Yes	No		
Was student eligible to participate at previous school at time of	f transfer?	Yes	No		
School from which transferringSchool		City		State	
Did the student move with both parents? Yes No					
Former address of parentsAddress		City		Zip	
Present address of parents/person with whom the student will reside	<u> </u>	Address			
Is this address within your school district boundaries? Yes	No		ddress a rental?	Yes	Zip No
Signature of Parent/Guardian		Date			
"I certify that I have reviewed and understand the Association's Athletic Transfer Rules; it that I have investigated the information provided above and such additional information as result of recruiting or for any other reason in contravention of the Association's Transfer R	s I have deemed	d necessary; and th	vith the above student a at I believe that the stu	and with his/ i dent's transfer	her parents; r is not the
Administrator's Signature		Date			
DO NOT WRITE					
Approved by		_ Date			
Eligible Restrictions (if ap	pplicable)				
Ineligible					
No Action					