



**Catholic High School Athletic Association  
Diocese of Brooklyn  
Individual Student Transfer Athlete Form**

This form is required of all transfer students who wish to participate in interscholastic sports. The responsibility for the completion of this form lies with the school the student currently attends. **The transfer form must be completely filled out with proper documentation attached or the Eligibility and Infractions Committee will not rule on the application.**

**I. Student Information**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_

**Date of Birth (Month/Day/Year)** \_\_\_\_\_

**Copy of Birth Certificate Attached:**     Yes

If the reason for the transfer is a change of residence, please complete the following:

1. List Previous Address: \_\_\_\_\_  
\_\_\_\_\_

2. Please attach a phone bill or utility bill listing new address.

Date of residence change: \_\_\_\_\_

**II. Parent/Guardian**

Please indicate the reason(s) for the transfer and sign below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

### III. Student's Former School

Name of School: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

Date of Transfer: (Month/Day/Year) \_\_\_\_\_

The student represented this school in interscholastic competition in the year immediately preceding the transfer.

**Please Circle:      YES              NO**

If yes, please list the sport(s) and the season(s) (where appropriate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Athletic Director/ Date:** \_\_\_\_\_

**Principal's Signature / Date:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. School which the Student Currently Attends

Name of School: \_\_\_\_\_

Grade Entering: 9 10 11 12 Date of Entry: (MM/DD/YY): \_\_\_\_\_

We verify that no member of the staff of this school or anyone associated with this school or by any other means, either directly or indirectly, influenced this student to attend this school.

**Athletic Director's Signature / Date:** \_\_\_\_\_

**Principal's Signature / Date:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_