

**NASSAU - SUFFOLK CATHOLIC HIGH SCHOOL
ATHLETIC ASSOCIATION**

STUDENT TRANSFER FORM

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 athlete transfers occurring from the Wednesday after Labor Day of their sophomore year and thereafter. All forms must be submitted to the President of the League for review by the Athletic Directors' Council and the Board of Principals.

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

Student's Name	Year of Graduation
Address (Street, Town, State, Zip Code)	Home Phone it
Parent or Guardians Name	Date of Birth

Previous School and Address

New School _____
Please State Reason for Transfer: _____

Please check one of the following:

<p>_____ Student did represent the sending school in interscholastic competition in the 10th and 11th grade one-year period immediately immediately preceding transfer.</p>	<p>_____ Did not represent the sending school in interscholastic competition in the 10th and 11th grade in the one-year period immediately preceding transfer.</p>
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If the student athlete did represent the sending school in interscholastic competition in the one-year period prior to transferring, please list each sport and season so represented:

Parent's or Guardian's Signature	Student Signature
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PART II: RECEIVING SCHOOL: (To be completed by the school into which the student athlete transferred.)

Please complete the following information: DATE OF REGISTRATION: _____

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 involving a change of address require documentation.)

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 students eligibility? If yes explain:

Principal's Signature

(Date)

Athletic Director's Signature

(Date)

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 1 and Part II true and correct?

2 YES NO Was this student eligible for interscholastic athletics at your school at the time of the transfer? If No, please explain: _____

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

4 YES NO Do you have evidence of recruiting which influenced this transfer? If yes, explain and attach available documentation: _____

5 YES NO Do you have any reason to object to this students eligibility? If yes, explain and attach available documentation: _____

Principal's Signature

(Date)

Athletic Director's Signature

(Date)

Dale Reviewed

Recommendation of Athletic Directors' Council

Signature of the President