

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 7th Grade _____

____ Male ____ Female

Expected Year of High School Graduation _____

Date of Entry to 9th Grade _____

Address (Street, Town, State & Zip Code) _____

Parent or Guardian Name _____

Home Phone Number _____

Previous School _____

New School _____

Previous School Address (Street, Town, State & Zip Code) _____

Please State Reason for Transfer _____

Please check all of the following that apply:

____ Student **did not** repeat either the 7th or 8th Grades

____ Student did represent a school in JV or Varsity competition in the 7th, 8th, 9th, 10th and /or 11th grade preceding transfer.

____ List schools: _____

____ Student **did not** represent a school in JV or Varsity competition in the 7th, 8th, 9th, 10th and/or 11th grade preceding transfer.

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:

7 th Grade		8 th Grade		9 th Grade		10 th Grade		11 th Grade	
Sport	Level	Sport	Level	Sport	Level	Sport	Level	Sport	Level
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 _____

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 Student's records have been verified as not having repeated either 7th or 8th grade.
2. ____ 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)

3. ____ 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
4. ____ Yes ____ No Does the student reside full time with parent(s), custodial parent or court appointed legal guardian? List address here: _____
5. ____ 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 and Part II true and correct?
2. ____ Yes ____ No To your knowledge was this student academically 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

Final Revision: 1/23/18