

## 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	CITY					
STUDENT	Male / Female (circle one)	BIRTHDA	Mo.	Day Yo	ear		
Date of entry into your school	_ Date of first enrollment in 9th grad			le(Month & Year)			
Did the above student attend school last semester?	YesN	Yes No			(Month & Year)		
Did the student pass the required number of courses last	grading period?	Yes	No				
Was student eligible to participate at previous school at tin	me of transfer?	Yes	No				
School from which transferringSchool							
School	Cit	City		State			
Did the student move with both parents? Yes	No						
(circle one)							
Former address of parents				7.			
Address Present address of parents/person with whom the studen	Cit	•	· ·	Zip			
Present address of parents/ person with whom the studen	it will reside	Address	City	Zip			
Is this address within your school district boundaries? Ye	esNo Is	this address	a rental?	Yes	_No		
Signature of Parent/Guardian	Date	e					
"I certify that I have reviewed and understand the Association's Athletic Transfer that I have investigated the information provided above and such additional information for result of recruiting or for any other reason in contravention of the Association's Tra	ation as I have deemed necessa	ary; and that I be					
Administrator's Signature	Dat	te					
	RITE IN THIS SI						
Approved by	Da	ate					
Eligible Restrictions	(if applicable)						
Ineligible							
No Action							