

**NHIAA Action:**

New Hampshire Interscholastic Athletic Association  
251 Clinton Street  
Concord, New Hampshire 03301-8432  
603-228-8671 FAX: 603-225-7978  
**BY-LAW ARTICLE II ELIGIBILITY SECTION 4  
TRANSFER RULE AFFIDAVIT**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Previous School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**SECTION I TO BE COMPLETED BY THE PARENT/GUARDIAN AND STUDENT**

Please describe the reason for the transfer:

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

We certify the purpose of this transfer does not include participation in interscholastic athletics. Furthermore, no student, parent, teacher or coach made contact (either written or oral) prior to the transfer for the purpose of persuading the transfer for participation in athletics.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Student Signature \_\_\_\_\_  
Current Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date of Student Transfer: \_\_\_\_\_  
\_\_\_\_\_ Date Form Completed: \_\_\_\_\_

**SECTION II TO BE COMPLETED BY THE RECEIVING SCHOOL: (School Name)**

Our School has reviewed the circumstances surrounding the transfer and certifies that:

- 1) The purpose of the transfer was not made to include participation in athletics within the definition of Section 4: Transfer Rule AND
- 2) There has been no recruitment of this student by anyone connected with our school and our athletic program AND
- 3) The student would be eligible at the sending school and there would be no circumstances which would cause the student to be ineligible had the student returned

The Student Wishes to Participate in the Following Sports for this School Year:

\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring  
Receiving School's Fall Coach Receiving School's Winter Coach Receiving School's Spring Coach  
Receiving School Athletic Director & Date Receiving School Principal & Date

**THIS STUDENT IS TRANSFERRING FROM HOME SCHOOL TO PUBLIC SCHOOL (PLEASE SELECT)**   
**OR**

**SECTION III TO BE COMPLETED BY THE SENDING SCHOOL: (School Name)**

(Student's Name) \_\_\_\_\_ HAS NOT transferred to  
(Receiving School) \_\_\_\_\_ for the purpose of participation in interscholastic athletics and, to the best of our  
school's knowledge there has been no recruitment of this student by anyone connected with the Receiving School or its Athletic Program.

The Student Participated in the Following Sports (and level) for the Sending School within the last 12 Months:

\_\_\_\_\_(Sub-Var)/\_\_\_\_\_(Sub-Var)/\_\_\_\_\_(Sub-Var)/  
Fall (circle level) (Varsity) Winter (circle level) (Varsity) Spring (circle level) (Varsity)

We (Sending School) SUPPORT the granting of a waiver for this student and do not oppose participation by this student-athlete this school year.

We (Sending School) OPPOSE the granting of a waiver for this student and feel participation for the student-athlete should NOT be allowed this year.

Reason for Opposition: \_\_\_\_\_

\_\_\_\_\_  
Sending School Sending School Athletic Director / Date Sending School Principal /Date