



ARCHDIOCESE OF NEW YORK CATHOLIC HIGH SCHOOLS ATHLETIC ASSOCIATION STUDENT-ATHLETE TRANSFER FORM

*Please Provide a Copy of the Student-Athlete's Birth Certificate With This Form
If Living With Legal Guardian Please Provide Appropriate Documentation*

PART 1 - STUDENT INFORMATION - TO BE COMPLETED BY THE STUDENT ATHLETE

STUDENT'S NAME	STUDENT'S DATE OF BIRTH	PARENT/GUARDIAN'S NAME
_____	_____	_____
HOME ADDRESS	HOME PHONE	_____
_____	CELL PHONE	_____
_____	YEAR OF	EXPECTED YEAR OF
EMAIL ADDRESS OF PARENT/GUARDIAN	8TH GRADE	HIGH SCHOOL
_____	GRADUATION	GRADUATION
_____	_____	_____

SUBMIT INFO FOR ANY SCHOOLS STARTING WITH 6TH GRADE			ENTRY DATE	EXIT DATE
GRADE	NAME OF SCHOOL	SCHOOL ADDRESS		
6th				
7th				
8th				

SCHOOL TRANSFERRING IN TO _____
STATE REASON FOR TRANSFER _____

STUDENT IS SEEKING ELIGIBILITY FOR THE FOLLOWING SPORTS

DID THE STUDENT PARTICIPATE IN JUNIOR VARSITY AND/OR VARSITY SPORTS
IN HIS PREVIOUS SCHOOLS? YES _____ NO _____

IF YES, INDICATE SPORTS AND GRADE(S) PLAYED BELOW - e.g., jv golf

SPORT _____	GRADE _____	SPORT _____	GRADE _____
SPORT _____	GRADE _____	SPORT _____	GRADE _____

SIGNATURE OF STUDENT _____ DATE _____
SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PART 2 - RECEIVING SCHOOL - TO BE COMPLETED BY THE SCHOOL TRANSFERRING TO

NAME OF SCHOOL

DATE OF ENTRY

1. DOES THE STUDENT RESIDE FULL TIME WITH PARENT(S),
CUSTODIAL PARENT(S), OR A COURT APPOINTED GUARDIAN?

YES _____ NO _____

2. DO YOU KNOW OF ANY REASON FOR REJECTING THE
STUDENT'S ELIGIBILITY?

IF YES, PLEASE SUBMIT A WRITTEN EXPLANATION

YES _____ NO _____

NAME OF CHIEF ADMINISTRATOR

NAME OF ATHLETIC DIRECTOR

SIGNATURE AND DATE

SIGNATURE AND DATE

PART 3 - SENDING SCHOOL - TO BE COMPLETED BY THE SCHOOL TRANSFERRING FROM

NAME OF SCHOOL

CATHOLIC/PUBLIC/ PRIVATE

DATE OF WITHDRAWAL

1. TO YOUR KNOWLEDGE, IS THE INFORMATION IN
PARTS 1 AND 2 CORRECT?

YES _____ NO _____

2. WAS THE STUDENT ELIGIBLE FOR INTERSCHOLASTIC
ATHLETICS AT YOUR SCHOOL WHEN HE WITHDREW?

IF NO, PLEASE SUBMIT A WRITTEN EXPLANATION

YES _____ NO _____

3. DID THE STUDENT PARTICIPATE IN ATHLETICS?

YES _____ NO _____

4. DO YOU HAVE ANY EVIDENCE OF RECRUITING
WHICH MAY HAVE INFLUENCED THIS TRANSFER?

YES _____ NO _____

5. DO YOU HAVE ANY REASON TO OBJECT TO THIS
STUDENT'S ELIGIBILITY?

IF YES, PLEASE SUBMIT A WRITTEN EXPLANATION

YES _____ NO _____

NAME OF CHIEF ADMINISTRATOR

NAME OF ATHLETIC DIRECTOR

SIGNATURE AND DATE

SIGNATURE AND DATE

FOR OFFICIAL USE ONLY

EXECUTIVE BOARD RECOMMENDATION

PRESIDENT'S SIGNATURE AND DATE