



**Catholic High School Athletic Association
Diocese of Brooklyn
Individual Student Transfer Athlete Form
REVISED 7/22/17**

This form is required of **all transfer students** who wish to participate in interscholastic sports. The responsibility for the completion of this form lies with the school the student currently attends. **The transfer form must be completely filled out with proper documentation attached or the Eligibility and Infractions Committee will not rule on the application.**

Email scanned documents to: vulpis29@optonline.net

I. Student Information

Name _____

Current Address _____

City _____ **State** _____ **ZIP** _____

Home Phone () _____

***Date of Birth (Month/Day/Year)** _____

***Birth Certificate must be attached on scan**

If the reason for the transfer is a change of residence, please complete the following: **Utility bill of new address must be attached on scan.**

List Previous Residence: _____

Date of residence change: _____

II. Parent/Guardian Name _____

Please indicate the reason(s) for the transfer and sign below.

Parent/Guardian Signature: _____ **Date:** _____

Relationship to Student: _____

Student's Former School

Name of School: _____

Phone Number: () _____

Date of Transfer: (Month/Day/Year) _____

The student represented this school in interscholastic competition in the year immediately preceding the transfer.

Please Circle: YES NO

If yes, please list the sport(s), level of competition, and the season(s):

Signature of Athletic Director/ Date: _____

Principal's Signature / Date: _____

Additional Comments: _____

II. School which the Student Currently Attends

Name of School: _____

Grade Entering: 9 10 11 12 Date of Entry: (MM/DD/YY): _____

We verify that no member of the staff of this school or anyone associated with this school or by any other means, either directly or indirectly, influenced this student to attend this school.

Athletic Director's Signature / Date: _____

Principal's Signature / Date: _____

Additional Comments: _____
