

## **TRANSFER NOTIFICATION**

## This form must be completed for all transfer students and submitted to: **John Banek: Jbanek@nhart.org** UPON RECEIPT BY THE CHAIRMAN, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE COMMITTEE.

<u>Please Note</u>: Make sure all available information/documentation is submitted prior to the Transfer Committee's review. <u>NO</u> <u>appeal</u> will be entertained involving additional information that WAS AVAILABLE but not included at the time of the original submission.

## PLEASE CHECK ONLY ONE (1) of THE FOLLOWING.

Waiver Re	-	cumented proof of a significant loss of income c	or a significant increase in expenses.
		en documentation from the Superintendent of cific circumstances which necessitated the trans	Schools or HS Principal of the current or previous sfer.
Exemption	:		
		dence (SDR): (No change of residence, schoothe district boundaries of his/her residence. On	I registration change only.) Student is returning to or e time exemption.
	district with one of the a agreement or divorce do	orementioned parents is exempt provided it oc	gally separated parents who moves into a new school curs once every six (6) months. The legal separation bousal support and distribution of assets and be filed
Keep on fi	le at the school:		
	exemption apply.We und	<b>nge of Address:</b> This transfer has no corresp erstand that the student is ineligible per the NY Handbook #31(b) passed July 2019.	onding change of address nor does a waiver or 'SPHSAA Transfer Rule and subject to the limitations
	Residency Change: T	ne entire family has abandoned the previous ad	dress and physically residing at the current address.
	Parent(s) Signature	e Attesting to Above Athletic	Director's Verification DATE
		lared homeless by the Superintendent under M	
Residency, established inhabitants Superintenc Regulations	I/We attest that our previou through action and intent. and intend to remain indefi dent determines residency for c.) I/We attest that the stud	is residence has been abandoned by the immed I/We attest that the immediate/entire family w nitely. (The mere renting of property within the or enrollment, but this more restrictive requirer lent has transferred without inducement, recrui	nent is needed for athletic eligibility per NYSPHSAA tment or having sought an athletic advantage.
Parent Sign	ature:		Date:
Receiving S	chool:	Student's Name:	Date of Birth:
Date of Reg	jistration/Transfer:	Grade Level: D	ate Entered 9 <sup>th</sup> Grade
Did Student	t Repeat Any Grades: YES	NO If yes, which grade and year:	
Student/En	tire Family Previous Address		
Student/En	tire Family Present Address		
Parent(s)	Names and Current Addr	esses	
Parent #1:	Name	Address:	
Parent #2:	Name	Address:	
Name of Pro	evious School:	Did student participate in h	igh school athletics at the previous school? YES NO

## TO BE COMPLETED BY RECEIVING SCHOOL'S ATHLETIC DIRECTOR IN CONVERSATION WITH PREVIOUS SCHOOL.

Dates of Attendance and Withdrawal of all Previous Schools: (grades 7-12)							
1.	School:	Attendance Dates:	Date of Withdrawal				
2.	School:	Attendance Dates:	Date of Withdrawal				
3.	School:	Attendance Dates:	Date of Withdrawal				
	List All High School Sports Student Has Played (7-12 grade) Most Recent First						
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sport(s):	Year:	Level:				
	Sports history verified by Receiving School's Athletic Director by:						
	Telephone Conversation	on with	Date:				
	E-mail/Fax with		Date:				
	Failure to confirm after three (3) documented attempts:						
	1. Date/Time:	Method:					
	2. Date/Time:	Method:					

The Receiving School's Athletic Director has reviewed, understands and verified all information on this document as accurate and true to the best of his/her knowledge.

Method:

Athletic Director Reviewed & Verified: Signature:	Date:
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The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage. The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's Signature:	Date:
Principal's Signature:	Date:
Athletic Director's Signature:	Date:

\*\* If any information provided in this document by the parent(s) and/or Athletic Director is deemed to be inaccurate or false, will result in Eligibility Violations.

3.

Date/Time: \_\_\_\_\_