

# Student Transfer Report



## This information must be completed by Receiving School:

Date: \_\_\_\_\_  
Receiving School: \_\_\_\_\_ A.D. Email Address: \_\_\_\_\_  
Sending School: \_\_\_\_\_ A.D. Email Address: \_\_\_\_\_  
Transfer Student's Full Name: \_\_\_\_\_ has indicated that he/she is transferring to \_\_\_\_\_  
Receiving School: \_\_\_\_\_  
Date Student entered 9<sup>th</sup> grade: \_\_\_\_\_ School Student entered 9<sup>th</sup> grade: \_\_\_\_\_

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## This information must be completed by Sending School and returned to Receiving School:

Is this the student's first transfer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, please list transfers: \_\_\_\_\_

Following is an overview of the eligibility status:

- \_\_\_\_\_ Student has participated on a Varsity, Jr. Varsity or B-Team (Sophomore team).
- \_\_\_\_\_ Student is eligible for all levels of competition at the time of withdrawal.
- \_\_\_\_\_ Student is NOT eligible due to violations or transfer rule (see below).

If the student is not eligible, please check (X) all of the following that apply:

- \_\_\_\_\_ Academic progress
- \_\_\_\_\_ Age
- \_\_\_\_\_ Amateur violation
- \_\_\_\_\_ Camp/clinic violation
- \_\_\_\_\_ Drinking/smoking/chemical violation
- \_\_\_\_\_ Student Code of Responsibilities (Bylaw 206)
- \_\_\_\_\_ Non-school competition violation
- \_\_\_\_\_ Semesters
- \_\_\_\_\_ Racial, religious, sexual harassment/violence or hazing violation
- \_\_\_\_\_ Transfer
- \_\_\_\_\_ Other: (please describe) \_\_\_\_\_

The Student has how many number of days/ weeks/games of his/her penalty remaining at the time of withdrawal. Please describe: \_\_\_\_\_

The Student has previous MSHSL violations and has served the penalty:

- 1<sup>st</sup> Violation: \_\_\_\_\_
- 2<sup>nd</sup> Violation: \_\_\_\_\_
- 3<sup>rd</sup> Violation: \_\_\_\_\_

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## The information above is accurate to the best of my ability. Please provide your electronic signature

Sending School A.D. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving School A.D. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KEEP ON FILE AT RECEIVING SCHOOL - (Do Not Send to MSHSL)**