



ATHLETIC TRANSFER

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
8011 Ustick Rd Boise ID 83704 Fax: 208-322-5505

A transfer student is not eligible to participate until this form is on file in the IHSAA office and permission to compete has been granted by the IHSAA.

SCHOOL _____ CITY _____ ZIP _____

STUDENT _____ Male/Female (circle one) BIRTHDATE _____
Mo. Day Year

Date of entry into your school _____

Date of first enrollment in 9th grade _____

Did the above student attend school last semester? _____

Did the student pass five (5) accredited classes last semester? _____

School from which transferring _____
School City County State

Did the student move with both parents? _____

If the student did not move with both parents, explain the parental status (Married / Legal Separation / Divorced) and the circumstances of this transfer. (circle one)

Parents or Guardian _____

Former address of parents _____

Present address of parents or person with whom the student will reside _____

Is this address within your school district boundaries? _____

"I certify that I have reviewed and understand the Association's Athletic Transfer Rules; that I have discussed those rules with the above student and with his/her parents; that I have investigated the information provided above and such additional information as I have deemed necessary; and that I believe that the student's transfer is not the result of recruiting or for any other reason in contravention of the Association's Transfer Rule or other applicable rule."

Signature _____
Principal or Authorized Administrator

Date _____

DO NOT WRITE IN THIS SPACE

(MUST HAVE STAMP TO BE OFFICIAL)

Approved by _____ Date _____

Restrictions (if applicable)

Eligible _____

Ineligible _____