FORM B
TRANSFER STUDENT
(Rev. 4/09)

GEORGIA HIGH SCHOOL ASSOCIATION
P.O. Box 271
Thomaston, Georgia 30286-0004
706-647-7473 FAX: 706-647-2638

Certificate of Eligibility –TRANSFER STUDENT

SCHOOL_____ CITY_____

ACTIVITY _____ SCHOOL YEAR _____ REGION AND CLASSIFICATION _____

INSTRUCTIONS: **This form must be typed.** This form will be submitted for each student requiring eligibility certification for interscholastic competition who has transferred to your school from a NON-FEEDER school in the past twelve (12) calendar months.

☐ TRADITIONAL SCHEDULE ☐ YEARLONG SCHEDULE
☐ BLOCK SCHEDULE ☐ HYBRID SCHEDULE
(see By-Law #1.53)

NAME LAST FIRST MIDDLE	DATE OF BIRTH Mo.	Day	Year	DATE STUDENT ENTERED NINTH GRADE Mo	Day	Year	UNITS ACCUMULATED Previous Semester	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only) **ELIGIBILITY STATUS**

Beginning & Ending Dates Attended Beginning with 9th Grade (Give month, day, year) | Grade | Name of School | Address (City, State)

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Present Home Address _____ _____
(City, State) (County)

Lives With _____ _____
(Names) (Relationship)

Pupil lived with while attending previous school _____ _____
(Names) (Relationship)

Previous home address _____ _____
(Street) (City, State) (County)

Date student first attended class at your school _____

Did the parent(s) have a bona fide change of address from previous school area to your service area? _____

Is custodial parent a certified teacher or administrator at the receiving school (grades 9-12)?_____

Has this student been suspended or expelled (or facing suspension or expulsion) from the previous school? _____

If this is a foreign exchange student, please list name of exchange program._____

NOTE: If this transfer is due to a divorce or change of custody from one natural parent to another natural parent, attach a copy of the court awarded permanent custody order from a court of proper jurisdiction.

SIGNED _____ _____
(Principal or Assistant Principal or Athletic Director) *Report Preparer*

DATE _____

Reset