

***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.

<input type="checkbox"/> REGULAR SCHEDULE <input type="checkbox"/> BLOCK SCHEDULE (see By-Law #1.53)			DATE OF BIRTH			DATE STUDENT ENTERED NINTH GRADE (courses taken prior to 9 <sup>th</sup> grade entrance can not be used for eligibility purposes)			TOTAL COURSES PASSED Previous Semester	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only)  <b>ELIGIBILITY STATUS</b>
NAME											
LAST	FIRST	MIDDLE	Mo.	Day	Year	Mo.	Day	Year			

Beginning & Ending Dates Attended  
 Beginning with 9<sup>th</sup> Grade  
 (Give month, day, year)

Grade

Name of School

Address (City, State)

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

Present Home Address \_\_\_\_\_ (City, State)

Lives With \_\_\_\_\_ (Names) \_\_\_\_\_ (Relationship)

Pupil lived with while attending previous school \_\_\_\_\_ (Names) \_\_\_\_\_ (Relationship)

Previous home address \_\_\_\_\_ (Street) \_\_\_\_\_ (City, State)

Date student enrolled 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 \_\_\_\_\_  
*Supt. or Principal or Asst. Principal* *Report Preparer*

DATE \_\_\_\_\_