

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"/> TRADITIONAL SCHEDULE	<input type="checkbox"/> YEARLONG SCHEDULE	TOTAL COURSES PASSED <small>Previous Semester</small>	TOTAL UNITS ACCUMULATED	(This Column for GHSA use only) ELIGIBILITY STATUS								
<input type="checkbox"/> BLOCK SCHEDULE	<input type="checkbox"/> HYBRID SCHEDULE											
<small>(see By-Law #1.53)</small>												
NAME			DATE OF BIRTH			DATE STUDENT ENTERED NINTH GRADE						
LAST	FIRST	MIDDLE	Mo.	Day	Year	Mo	Day	Year				

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 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 _____
(Principal or Assistant Principal or Athletic Director)

Report Preparer

DATE _____