



NCHSAA TRANSFER

Receiving Member School Certification Form

Receiving Member School

Previous Member School

Student First Name

Student Middle Name

Student Last Name

Student DOB Cannot be 19 or on or before Aug 31 of current year

Current Grade

Date of Enrollment or Registration Cannot be date in future

Date of First Practice or Participation

Student Information

Street Address

City

Zip

Parent or Legal Custodian Information

First Name

Last Name

Street Address

City

Zip

Assigned Attendance Zone Based on Parent's Legal Custodian Residence

LEA

School

Sport(s) student wishes to participate. Select all that apply

☐ Baseball ☐ Basketball ☐ Cross Country ☐ Football ☐ Golf ☐ Lacrosse ☐ Soccer ☐ Softball ☐ Tennis ☐ Track & Field ☐ Volleyball ☐ Other (please list)

Other Sport

☐ Yes ☐ No Has been properly accepted by 's LEA?

Provide the enrollment record from previously attended school(s) for beginning with most recent.

School

Enrollment (E1)

Withdrawal (W1)

1

2

3

Comments

Reason for Transfer

- ☐ Special Circumstances
☐ Documented Medical Needs
☐ Student's Parent/Legal Custodian is a Permanently Assigned Employee of Another School System
☐ Family/Student Child Care Needs
☐ Documented Safety Issues
☐ Federal or State Mandated Transfers
☐ Other Serious and Continuing Hardship (please describe)

Other Hardship

☐ Yes ☐ No Do you believe the transfer was done for athletic purposes? If Yes, provide reason why in box provided below.

Upload:
E1/W1 Power Schools
Student's Transcript

Certification

I acknowledge that the NCHSAA must authorize this request before can participate in practice or games.

I certify that has done its due diligence in providing accurate and up-to-date information on the abovenamed student. By submitting this transfer validation form, I certify that all documents regarding the abovenamed student's request have been submitted and that failure to comply with the directives outlined above may result in the delay or denial of 's transfer authorization.

Optional Comments:

Submit



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Previous Member School Certification Form

Receiving Member School

Previous Member School

Sport(s) student participated in at previous school

- ☐ Baseball ☐ Lacrosse ☐ Volleyball
☐ Basketball ☐ Soccer ☐ Other (please list)
☐ Cross Country ☐ Softball
☐ Football ☐ Tennis
☐ Golf ☐ Track & Field

Other Sport

Student First Name

Student Middle Name

Student Last Name

Student DOB

Current Grade

Date of Enrollment

Enrollment record submitted by

School

Enrollment (E1)

Withdrawal (W1)

Click to Review
Attachment

1

2

3

Verification

- ☐ Yes
☐ No

Comments

☐ Yes ☐ No Has been properly processed by LEA?

☐ Yes ☐ No Do you believe the transfer was done for athletic purposes? If Yes, provide reason why

Certification

I acknowledge that the NCHSAA must authorize this request before can participate in practice or games

I certify that has done its due diligence in providing accurate and up-to-date information on the above named student. By submitting this transfer certification form, I certify that all documents regarding the abovenamed student's request have been submitted. Failure to comply with the directives outlined above may effect the action of the NCHSAA relative to 's transfer.

☐ Yes

Optional Comments:

Submit