

Student-Athlete Inter-District Transfer Form

Student Information

Full Name

Date of Birth

Current Grade

Gender

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Current School Information

School Name

School District

Current Sport(s)/Team(s)

Requested School Information

Requested School Name

School District

Reason for Transfer

Please describe the reason for transfer

Additional Information

Other relevant details

Consent and Acknowledgment

I certify that the information provided is accurate and complete. I understand that providing false information may result in denial or revocation of transfer eligibility.

Parent/Guardian Signature

Date

Student Signature

Date