

NYSPHSAA - SECTION III
STUDENT TRANSFER WAIVER REQUEST

To be completed by PRESENT school with information from previous school's Athletic Director.

Student's Name _____

Present School _____

Date of entrance into present school _____ Present Grade Level _____

Date of Birth _____

Date of entry into grade 9 _____

Parents/Guardians _____

Legal Address _____

(2 Forms of Proof Required)

Home Phone _____

Rationale for Transfer Waiver Request:

Name of previous school _____

Date of withdrawal from previous school _____

First Date of entry into 9th Grade _____

To the best of my knowledge at this point in time, the student named herein has transferred to his/her present school of enrollment without inducement or recruitment or athlete shopping.

Athletic Director's Signature _____ Date _____

STUDENT SPORT PARTICIPATION AT PREVIOUS SCHOOL:

	<u>9th Grade</u>	<u>10th Grade</u>	<u>11th Grade</u>	<u>12th Grade</u>
Fall	_____	_____	_____	_____
Winter	_____	_____	_____	_____
Spring	_____	_____	_____	_____

Present school must forward one (1) of these forms to:
Mr. Ken Fuller
Section III Committee Chairman
Faith Heritage High School
3740 Midland Avenue
Syracuse, New York 13205
Office Phone: 315/469-7777