
Section V, Inc.
Petition for Waiver of the Transfer

Form #1
(page 1)

Name of Student: _____

Age of Student: _____

School Name: _____

Date of Birth: _____

School Address: _____

Previous School(s) and Address(es):

Years attended

Athletes Participation Record:

<u>Grade:</u>	<u>Level</u>	<u>School</u>
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9th

10th

11th

12th

Date of Transfer: _____

Expected Date of Graduation: _____

Reason for Transfer: _____

Use attachments if necessary.

Please complete page #2 of this form as well.

BE SURE TO INCLUDE PERTINENT DOCUMENTATION. INCLUDE A TRANSCRIPT, MEDICAL EVIDENCE IF NECESSARY AND ANY OTHER DOCUMENTATION THAT WILL ASSIST IN SUBSTANTIATING THE REQUEST.

Signed:

Superintendent of Schools

High School Principal

Athletic Director

Send to:

Ed Stores
Executive Director
Section V
P.O. Box 298
Attica, N.Y. 14011-9699

ELIGIBILITY STANDARD #29 TRANSFER WAIVER REQUEST

FORM #2

The undersigned hereby certify that the student named herein has transferred to his/her present school of enrollment without inducement or recruitment or to seek an athletic advantage.

Step 1 - TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO THE PREVIOUS SCHOOL.

Students Name: _____

Name of Present School: _____

Date of Entrance to Present School: _____

Reason for Transfer: _____

Student's Sports Participation: _____

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

Step 2 - TO BE COMPLETED BY THE PREVIUOS SCHOOL IMMEDIATELY and RETURNED TO THE PRESENT SCHOOL.

Name of Previous School: _____

Date of Withdrawal from Previous School: _____

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

If unsigned, please state reason(s): _____

Step #3 - PRESENT SCHOOL MUST FORWARD ONE (1) OF THESE FORMS TO:

Ed Stores
Executive Director
Section V
P.O. Box 298
Attica, N.Y. 14011-9699