



ALLEGHENY CHRISTIAN ATHLETIC ASSOCIATION

STUDENT TRANSFER FORM

SUMMER ____ IN-SCHOOL ____ HOME SCHOOL ____

School Submitting Transfer: _____ Date: _____

Student Athlete's Full Name: _____

Birth date: _____ Grade Entering: _____

School Transferring From: _____

City: _____ State: _____

Previous Years in High School (Number): _____

Did the Student-Athlete Transfer Carrying a C or Better Average? YES ____ NO ____

Reason for Transfer: _____

Home School: Added to Roster prior to Sept. 15 for Soccer ____

Added to Roster prior to January 1 for Basketball ____

Athlete meets all eligibility requirements ____

Was this Student-Athlete recruited in any way to come to your school to play athletics?

YES NO If yes, Explain on the back of this form

Does this Student-Athlete receive any financial aid due to their participation in athletics?

YES NO If yes, Explain on the back of this form

Does this Student-Athlete live with at least one parent? YES ____ NO ____

Athletic Director: _____

Administrator: _____

APPROVED ____ Eligibility Effective Date: _____

DISAPPROVED ____ Explanation for Disapproval: