

**CATHOLIC HIGH SCHOOL FOOTBALL LEAGUE  
OF METROPOLITAN NEW YORK  
STUDENT-ATHLETE TRANSFER FORM**

The purpose of this form is to provide information to determine eligibility for transfer students. This form is to be **fully completed** for all transfer student-athletes. All Forms must be submitted to the President of the League for review by the Executive Board.

**Part I: STUDENT INFORMATION (To be completed by the transferring student-athlete upon registration at the receiving school)**

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Year of Graduation*

\_\_\_\_\_  
*Street Address*                      *Apt. #*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Parent or Legal Guardian Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Previous School*

\_\_\_\_\_  
*Catholic, Private, or Public*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Date of Initial Entry(9<sup>th</sup> Gr.)*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*New School*

*Please state reason for transfer:* \_\_\_\_\_

*Please check one of the following:*

\_\_\_\_\_ Student **did** represent the sending school in interscholastic football competition in the 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grade in the one year period immediately preceding transfer.

\_\_\_\_\_ Student **did not** represent the sending school in interscholastic football competition in the 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grade in the one year period immediately preceding transfer.

\_\_\_\_\_  
*Parent or Legal Guardian Signature*

\_\_\_\_\_  
*Student Signature*

**-over-**

**Part II: RECEIVING SCHOOL (To be completed by the school into which the student-athlete transferred)**

**Date of Registration** \_\_\_\_\_

1. Is the student applying for an exemption to the transfer rule?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **YES**, please attach a written explanation.
2. Is the student applying for an exemption that is not stipulated in the CHSFL Constitution?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **YES**, please attach a written statement requesting exemption.
3. Does the student reside full time with parent(s), custodial parent(s), or court appointed legal guardian?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **NO**, please attach all appropriate documentation.
4. Do you know of any basis for objecting to the student's eligibility?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **YES**, please attach a written explanation.

\_\_\_\_\_  
*Chief Administrator's Signature and Date*

\_\_\_\_\_  
*Athletic Director's Signature and Date*

**Part III: SENDING SCHOOL (To be completed by the Sending School and returned to Receiving School)**

**Date of Withdrawal** \_\_\_\_\_

1. To your knowledge, is the information provided in Part I and II true and correct?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_
2. Was this student eligible for interscholastic football at your school at the time of transfer?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **NO**, please attach a written explanation.
3. Did the student participate on the football team at your school (or any other school) in a one-year period immediately preceding his transfer?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_
4. Do you have evidence of recruiting which influenced this transfer?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **YES**, please attach available documentation.
5. Do you have any reason to object this student's eligibility?  
*Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
If **YES**, please attach available documentation.

\_\_\_\_\_  
*Chief Administrator's Signature and Date*

\_\_\_\_\_  
*Athletic Director's Signature and Date*

**FOR OFFICIAL USE ONLY:**

\_\_\_\_\_  
*Recommendation of Executive Board*

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*President's Signature*

\_\_\_\_\_  
*Date*