

CHARTIERS VALLEY SCHOOL DISTRICT ATHLETIC ELIGIBILITY TRANSFER FORM

(For student's enrolling in 7th grade or higher)

Student Name: _____ Date: _____

Place of Residence: _____ Date of Birth: _____

Grade: _____

Name of head of household student resides with: _____

Relationship to the student: _____ Residence located in CVSD? Yes _____ No _____

Home Phone Number: _____ Cell Number: _____

Summary of Student's School(s) Attended and Sport Participation in Each Season Starting with 7th Grade:

GRADE	SCHOOL YEAR	SCHOOL ATTENDED	LIST SPORT PARTICIPATION IN EACH SEASON		
			FALL	WINTER	SPRING
7					

Reason Student is Transferring to CVSD: _____

Do you intend to participate in a sport(s) this year? Yes _____ No _____

What Sport(s)? _____

Have you repeated any school year since sixth grade? Yes _____ No _____

What Grade(s)? _____

What School District(s)? _____

I confirm that the above information is correct.

Signature: _____ Date _____

For Athletic Office use only:

Age _____ Semesters _____ Seasons _____ Attendance _____ Academics _____

PLEASE SEND THIS FORM TO ATHLETIC OFFICE WHEN COMPLETED