

CATHOLIC HIGH SCHOOL LEAGUE

STUDENT-ATHLETE TRANSFER REPORT

SCHOOL YEAR: _____ [] FIRST SEMESTER [] SECOND SEMESTER

- LIST BELOW ANY ELIGIBLE TRANSFERS: Student-athletes who have transferred into your school and are eligible for the first time in your school.
- This includes those eligible by way of one of the 15 exceptions or those who have just completed a semester of ineligibility.
- This form **MUST** be completed by all schools for all levels, all sports, each semester. **COMPLETE ALL INFORMATION OR FORM WILL BE RETURNED.**
- Attach one copy to your eligibility sheet. Send to League Office **ONLY**.
- **IF NO TRANSFERS, SEND FORM WITH WORD NONE.** (Board Approved 2/10/81).

School	Sport	Principal's Signature	Date
1. NAME OF STUDENT: _____	PRESENT GRADE: _____	TRANSFER DATE: _____	PREVIOUS SCHOOL: _____
ADDRESS: _____	CITY: _____	ZIP: _____	Hm. PHONE: _____
2. NAME OF STUDENT: _____	PRESENT GRADE: _____	TRANSFER DATE: _____	PREVIOUS SCHOOL: _____
ADDRESS: _____	CITY: _____	ZIP: _____	Hm. PHONE: _____
3. NAME OF STUDENT: _____	PRESENT GRADE: _____	TRANSFER DATE: _____	PREVIOUS SCHOOL: _____
ADDRESS: _____	CITY: _____	ZIP: _____	Hm. PHONE: _____
4. NAME OF STUDENT: _____	PRESENT GRADE: _____	TRANSFER DATE: _____	PREVIOUS SCHOOL: _____
ADDRESS: _____	CITY: _____	ZIP: _____	Hm. PHONE: _____
5. NAME OF STUDENT: _____	PRESENT GRADE: _____	TRANSFER DATE: _____	PREVIOUS SCHOOL: _____
ADDRESS: _____	CITY: _____	ZIP: _____	Hm. PHONE: _____