

Student Transfer Report



This information must be completed by Receiving School:

Date: _____

Receiving School: Mounds Park Academy A.D. Email Address: Dhaase@moundsparkacademy.org

Sending School: _____ A.D. Email Address: _____

Transfer Student's Full Name: _____ has indicated that he/she is transferring to _____

Receiving School: Mounds Park Academy

Date Student entered 7th grade: _____ School Student entered 7th grade: _____

Date Student entered 9th grade: _____ School Student entered 9th grade: _____

This information must be completed by Sending School and returned to Receiving School

(Regardless of whether the sending school has activities/athletics or not this document must be completed. The information is used to determine a student's incoming general eligibility.)

Is this the student's first transfer? Yes No

If No, please list transfers: _____

Following is an overview of the eligibility status:

- _____ Student has participated on a Varsity, Jr. Varsity or B-Team (Sophomore team).
- _____ Student is eligible for all levels of competition at the time of withdrawal.
- _____ Student is NOT eligible due to violations or transfer rule (see below).

If the student is not eligible, please check (X) all of the following that apply:

- _____ Academic progress
- _____ Age
- _____ Amateur violation
- _____ Camp/clinic violation
- _____ Drinking/smoking/chemical violation
- _____ Student Code of Responsibilities (Bylaw 206)
- _____ Non-school competition violation
- _____ Semesters
- _____ Racial, religious, sexual harassment/violence or hazing violation
- _____ Transfer
- _____ Other: (please describe) _____

The Student has how many number of days/ weeks/games of his/her penalty remaining at the time of withdrawal. Please describe: _____

The Student has previous MSHSL violations and has served the penalty:

- 1st Violation: _____
- 2nd Violation: _____
- 3rd Violation: _____

The information above is accurate to the best of my ability. Please provide your electronic signature

Sending School A.D. Signature: _____ Date: _____

Receiving School A.D. Signature: _____ Date: _____

KEEP FORM ON FILE AT RECEIVING SCHOOL - (DO NOT SEND TO MSHSL)