

# DCSAA

## Student-Athlete Transfer Release Form

Student-Athlete Name:	Date of Application:
Sending High School:	Dates of Initial Enrollment:
Receiving High School:	Date of Enrollment:
Student ID #:	Date of Birth:

**Part 1: Regarding the above named student-athlete: (To be Completed by Releasing School Principal or Athletic Director)**

Does the sending high school object to this student-athlete participating in athletics at the receiving school? If yes please explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**Regarding the above named student-athlete: (Please Complete All Sections Below)**

Does this student meet the Academic Eligibility requirements for competition; 2.0 GPA the preceding regular academic term. <i>A student in grade nine (9), ten (10), eleven (11), or twelve (12), shall have a grade point average of at least 2.0 ("C") to participate in interscholastic athletics;</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Does this student meet the Attendance requirements for competition; <i>A student-athlete shall maintain compliance with state attendance regulations and shall maintain 85% attendance per regular marking period in order to maintain eligibility;</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Did this student participate in sports at the sending school? If yes please indicate sport(s) below: <input type="checkbox"/> Football <input type="checkbox"/> Cross Country <input type="checkbox"/> Volleyball <input type="checkbox"/> Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Cheer-leading <input type="checkbox"/> Indoor Track <input type="checkbox"/> Softball <input type="checkbox"/> Tennis <input type="checkbox"/> Baseball <input type="checkbox"/> Outdoor Track <input type="checkbox"/> Ultimate Frisbee	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Number of semesters of high school completed to date:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Releasing School Principal: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Releasing School Athletic Director: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Receiving School Principal: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Receiving School Athletic Director: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_