

Pennsylvania Interscholastic Hockey League

2023-2024 Transfer Form

RECEIVING ASSOCIATION INFORMATION

Association Name: _____

Preparer's Name: _____

Preparer's Title: _____

Preparer's Email: _____

TRANSFER STUDENT INFORMATION

Transfer Student's Full Name: _____

Address: _____

City: _____

State: _____

School District of Residence: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

ACADEMIC INFORMATION

Previous School Name: _____

Previous School City and State: _____

Receiving School Name: _____

Date of New School Enrollment: _____

Grade for the 2023-2024 season: _____

TRANSFER TYPE

Question	yes	no
Has the student completed the highest-available grade level at the previous school?		
Is the student transferring from one private school to another?		
Is the student emancipated?		
Is the student transferring as a result of a court-appointed guardianship or foster care situation?		

TRANSFER QUESTIONNAIRE

Please answer all questions honestly and accurately by placing an 'X' in the appropriate box. Completion of this form or the answer to any individual question does not confirm or deny eligibility. Please provide

Question	yes	no	unsure
Did the student's family change residences in the past 6 months?			
Is the student's family currently maintaining more than one residence?			
Is the student's current residence expected to change within the next 6 months?			
Is the student current living with someone other than his parent(s) or court-appointed legal guardian(s)?			
Is the student currently living with different family members or other individuals than he/she was prior to any change of residence occurring in the past 6 months?			
Has the student moved/changed residences more than once since he/she first entered the 9th grade?			
Has the student previously participated on a team in the Pennsylvania Interscholastic Hockey League?			
Was the student and/or family contacted by anyone connected with your new school's athletic programs prior to the student enrolling in the new school?			
Has the student participated for a coach at the new school on any hockey team, travel/select team, or sports camp in the past 12 months?			
Was the student recruited by any individual for athletic purposes to attend this school or given any undue influence by an individual to attend this school?			
Is the student transferring to the new school and/or relocating to a new residence with any athletic intent or purpose, either whole or in-part?			
Was the student academically ineligible to fully participate in athletics at the previous school at the time of transfer?			
Was there any pending disciplinary action for the student at the prior school?			
Was there any pending disciplinary action for the student on his prior hockey team?			
Did the student fail to meet any transfer and/or citizenship standards at the prior school that could have denied the student athletic eligibility?			
Has the student exceeded eight semesters of high school since first enrolling in the 9th grade?			
Did the school from which the student is transferring have a hockey program?			
Has the student been denied eligibility in any scholastic sport by a league or governing body in regards to a transfer?			
Has the student ever appealed an ineligibility ruling of a league or governing body for any scholastic sport?			

Does this transfer involve a change of residence to housing in which the student or family knows the seller and/or landlord?			
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ADDITIONAL INFORMATION

If you answered "yes" or "unsure" to any item(s) in the questionnaire above, please provide a detailed description for your answer in this section.

CERTIFICATION

Signatures below certify that, to the best of the signee's knowledge, all information provided in all parts of this Transfer Form -- including Questionnaire and accompanying letters/documents -- is honest and accurate. The signee acknowledges reviewing the eligibility policies contained within the current " Pennsylvania Interscholastic Hockey League Playing Rules" and agrees that both the transferring student and receiving school are in full compliance with all applicable rules and conditions of this transfer.

Transfer Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Association President: _____ **Date:** _____

Team Head Coach: _____ **Date:** _____

Athletic Director: _____ **Date:** _____