



### TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:  
**Mark DiFilippo, Executive Director Section VI,**

**Scan and email form to: [mdifilippo@e1b.org](mailto:mdifilippo@e1b.org)** Office Phone: (716) 821-7092

**UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.**

Please check one: **(The required supporting documentation must be attached.)**

- Waiver Request** *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer and must be accompanied by a DASA report,*
- Return to School District of Residence (RSDR)** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.
- Divorced/Legally Separated Parents** *A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.*
- Homeless** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].
- Residency Change** *NYS PHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYS PHSAA regulations.*
- Other Transfer Exemption:** \_\_\_\_\_

**By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intent to main indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Please type): \_\_\_\_\_

### PART ONE TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School:			
<b>Students Name:</b>			
Transfer Date:	Birthdate:	Grade Level:	Date Entered 9 <sup>th</sup> Grade:
Receiving School	Students Name:		
Student/Family Previous Address:			
Student/Family Current Address:			
Parent I name & address:			
Parent II name & address:			
Name of Sending School:			
Did student participate in athletics at sending school: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.			
The receiving school's administration is responsible for verification for these and other eligibility requirements.			
Superintendent's Signature:			
Date:			
Principal Signature:			
Date:			
Athletic Director Signature:			
Date:			

**PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED  
AND RETURNED TO STUDENT'S PRESENT SCHOOL**

<b>Students Name:</b>	Date Entered 9 <sup>th</sup> Grade:
Did student repeat any grades? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, which ones?	
Name of School(s) Attended Prior to Transfer:	
Date of entrance to this school                      Date of withdrawal from this school:	
Student's address while attending the above school:	
With whom did student reside at this address (name?)	
Relationship of this (these) person(s)?	

**PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)**

	Year	Sport	Level	APP'd (Sel.Class)	School
7 <sup>th</sup> Grade			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8 <sup>th</sup> Grade			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 <sup>th</sup> Grade			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
10 <sup>th</sup> Grade			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
11 <sup>th</sup> Grade			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
12 <sup>th</sup> Grade			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		
			<input type="checkbox"/> Mod. <input type="checkbox"/> JV <input type="checkbox"/> Var.		

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's Signature:	Date:
Principal Signature:	Date:
Athletic Director Signature:	Date:
Section VI Executive Director Signature:	Date:

revised: 4/2016 5/6 12/8/16 5/2/17 12/3/2020

e-mail digital form to Mark Difilippo: [mdifilippo@e1b.org](mailto:mdifilippo@e1b.org)  
cc: [section6@e1b.org](mailto:section6@e1b.org)