SFUSD MIDDLE SCHOOL ATHLETIC TRANSFER APPLICATION
FOR TRANSFERS FROM A NON-AAA MEMBER SCHOOL

PART A: STUDENT INFORMATION

1. Student's Name _____   ___/___/___   _____
                                                        Date of Birth   Phone

2. Current Address _____   City _____ Zip _____

3. Previous Address _____   City _____ Zip _____
                          (if different from current address)

4. Transfer from _____ school to _____ school
                       Previous School   Current School

5. List All Other Middle Schools Attended and Dates of Attendance: _____
   _____
            (attach extra sheet of paper if necessary)

6. Date of Initial Enrollment in 6th Grade _____

7. Date of Enrollment in Current School _____

PART B. STUDENT ACADEMIC INFORMATION

1. Student's GPA in Last Regular Grading Period at Former School _____
2. Student's Most Recent Report Card is Attached?   yes ☐   no ☐
3. Student's Report Cards from All Previous Schools are Attached?   yes ☐   no ☐

Note: checking "no" in questions 2 and 3 could lead to substantial delays in processing this application!

PART C: Place a check mark in front of each sport in which the student competed in an interscholastic athletic contest during the 12 months preceding the date of transfer:

____ Baseball   ____ Softball   ____ Basketball   ____ Soccer

____ Volleyball   ____ Track   ____ Did not play any sports in the last 12 months

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CURRENT SCHOOL PRINCIPAL'S STATEMENT

1.   To the best of my knowledge, the information and attached statements are correct.
2.   To the best of my knowledge, this student was not recruited by any person for the purpose of athletic participation, nor did this student transfer for purposes relating to athletics.
3.   I accept responsibility for the accuracy of the information contained herein and understand that my school team may be subject to penalty if the information proves to be incorrect through error or misstatement.

_____   _____   _____
  Principal's Signature   School   Date

Athletic Director's Signature, verifying accuracy of all Statements on this Form: _____

CERTIFICATION OF APPLICATION – I authorize all former schools to release all records and honor all requests made by the SFUSD Athletic Office. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge.

_____   _____
SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE   SIGNATURE OF STUDENT/DATE