

Date _____

Restricted Eligibility-Bottom front page
Out-of-State Transfer Waiver-Reverse side
Mid-Year Transfer Waiver-Reverse side

COMPLETE AND ATTACH FORM #7
(Transfer Contact Information) for all
transfer waiver requests submitted to the
CHSAA office

Transfer Waiver Form

Receiving School Fossil Ridge HS Administrator Andrea Tribelhorn Title AD

Address 5400 Ziegler Rd City Ft. Collins, CO Zip 80528

School Phone 970-488-6308 Fax Number 970-488-6263 Date _____

STUDENT (subject of waiver request) INFORMATION:

Name _____ DOB _____ Age _____ Grade _____

Current Address _____ City _____ Zip _____

Is this in the attendance area of the above school? Yes No

Previous Address _____

Parents/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Living With _____

Date of Enrollment at Current School _____

School(s) previously attended (attach sheet if more than one): Practiced or played this year at previous school? Yes No

School _____ City _____ State _____

Enrollment from (month/day/year) _____ to (month/day/year) _____

FULL VARSITY ELIGIBILITY FOR ALL SPORTS IS GRANTED IF ITEM 1 OR 2 IS VERIFIED AND CHECKED

*Bona fide family move means a permanent change in residence by the student and his entire family that makes it necessary for the student to change his/her school of attendance. Evidence indicative of a bona fide family move includes a significant change in other family circumstances such as a change in employment, health or marital status. Under no circumstances may a move found to be substantially motivated by athletic considerations be considered a bona fide family move.

- *I have determined that the transfer meets the definition of a bona fide move as stated in CHSAA By-law 1800.44(a).
 - Has not participated in any sports (activities) in the past 12 months – if checked, verify with Item 3 below.
- To my knowledge, the reason for the transfer is as stated in #1 or #2 above. If Item #1 or #2 is checked, list on Form 4 - Data for Transferred Students - AND RETAIN IN YOUR FILES.

Receiving Principal/Athletic Director Signature _____

If #1 or #2 is not checked, go to #3 (Restricted Eligibility) OR #4 or #5 to waive the transfer rule based on a documented hardship.

3. **APPLICATION FOR RESTRICTED ELIGIBILITY - SUB VARSITY** - Schools are to use this form for requests only on behalf of students transferring from one high school to another high school without a bona fide change of residence on the part of the parents and/or legal guardian. Instructions-complete Item A - **SECURE REQUIRED VERIFICATION** - send to CHSAA. Students are restricted to the sub varsity level in those specific sports in which they participated during the 12 months prior to the school transfer. (No league action required.)

A. Principal of sending school to list sports in which student competed in an interscholastic contest or scrimmage (league or non-league) on school teams during 12 months preceding date of transfer. This is to include any level of competition such as Frosh, Soph, JV, Varsity, etc. If none of the above apply, write "none" for the specific sport season.

Fall Sport _____ Winter Sport _____ Spring Sport _____

Signature of Sending School Principal/Athletic Director _____

Restricted eligibility (sub varsity) in the following sports:

Signed (CHSAA Administrator) _____ Date _____

