



All signatories are responsible for reviewing ASAA Policy Section III Eligibility, E. Transfer Policy Establishing Eligibility 2010/2011 ASAA Policy Handbook pp. 40-43 **before completing this form.**

Forms only need to be completed for those students who do not meet the criteria outlined in E.1 a) and/or b); or 2 a) and/or b).

Student name: _____ Alberta Education #: _____

DOB (dd/mmm/yyyy): _____ Gender (circle): **M** **F** Grade: _____

Month/Year of entry into grade 10: _____ School attended in grade 10: _____

Transferring from: _____ Transferring to: _____

Date of acceptance into new school: _____ Sport/team to be registered for: _____

Declaration from parent and student: *In signing below, I acknowledge that:*

1. The student named above is **allowed only one transfer** during his/her three years of ASAA eligibility under ASAA Transfer Policy E. 3. a-d.
2. The primary reason for this transfer **is for an educational purpose** – that is relating to the student accessing Alberta Education credits at the receiving school not available at the sending school (*official transcripts may be requested*). The transfer is not being made primarily for an athletic purpose or primarily so that the student can participate in athletics.
3. The student named above is **not allowed to participate in ASAA governed activities at a second school in the same sport during the same season**, except in the event that the ASAA determines that there has been a bona fide change in residence of the parent(s) or legal guardian(s) of the student, or a change of legal guardianship of the student contemporaneously with the change in residence of the student [subject to limitations noted in ASAA Transfer Policy E.1.b) ii.].

Parent signature: _____ Parent name (please print): _____

Student signature: _____ Date: _____

Declaration from principals and athletic directors: *We, the undersigned school principals and athletic directors, confirm that the student identified above has transferred schools as noted. We accept the declaration from the parent and the student as valid.*

Receiving school: _____

Principal signature: _____ Date (dd/mmm/yyyy): _____

Athletic Director signature: _____ Date (dd/mmm/yyyy): _____

Sending school: _____

Principal signature: _____ Date (dd/mmm/yyyy): _____

Athletic Director signature: _____ Date (dd/mmm/yyyy): _____

The receiving school is required to fax the completed copy of this form to both:

1. ASAA office at 780-415-1833
2. Zone Secretary

Notes:

1. Please cross-check this form with the transfer form located on the ASAA website for updates (the website version supersedes all other versions).
2. In compliance with the Personal Information Protection Act, the school(s) has obtained written permission from the parents/guardians to distribute the above information to the ASAA.