Columbia Basin Youth Football 5426 N Rd 68 Suite D #256 Pasco WA 99301

www.cbyf.football 360-921-8875

TRANSFER REQUEST

All transfer request forms should be submitted to <u>TransferRequest@CBYF.football</u>. Until notified by Columbia Basin Youth Football administration, the athlete should remain enrolled in their current program.

Parent/Guardian notification of approved or denied applications to transfer will be made within 30 days of the application.

Student Legal Name:		Birthdate:	Grade:			
Parent/Guardian Name:						
Present Address:	City	Zip	# of Years at address			
Former Address:	City	Zip	# of Years at address			
Home Phone:Wor	k Phone:	Cell I	Phone:			
Requesting transfer to: Junior Program:			_			
School Currently Attending			Current Grade:			
Boundary School District:	Boundar	Boundary School Name:				
Reasons for transfer request:						
☐ Elementary Daycare (Attach Daycare ☐ Sibling enrolled at requested school		or K-5)				
Sibling Name:	•		Grade Level:			
☐ Renewal Request as student attended requested school last year ☐ Recently moved and would like to have student remain in previous school district enrolled in						
☐ Other:	μ					
It is understood that I, as a parent/guardian, must assume responsibility for attendance and adequate transportation and supervision to and from practices and other scheduled team activities. Date:						
RELEASING JUNIOR PROGRAM AGREEMENT TO WAIVE ATTENDANCE						
Junior Program						
Having examined the facts as stated above, I hereby agree to waive athlete.						
☐ Approved ☐ Denied Reason:						
President Name:						
RECEIVING JUNIOR PROGRAM AGREEMENT TO ACCEPT STUDENT						
Junior Program						
I hereby agree to accept the athlete for the school year stated above in the signed Releasing School Agreement.						
 □ Approved □ Denied due to: □ No Space Available □ Attendance □ Grades □ Discipline □ Other 						
President Name:	President Signature:		Date:			