TRANSFER REQUEST

This form is for permanent Jr Program transfers in which the athlete meets one of the stated allowed reasons listed on form. Athlete should remain enrolled in the Program in which they live until notified of approval or denial. Parent is to fill out form and obtain signature themselves from the **releasing** Program president and only then can proceed to present the form for approval to the **receiving** Program president. If approved, then the **receiving** Program is to add the completed form as an exhibit into the athlete's online registration portal as well as email a copy to the CBYF league administrators.

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:_____ Work Phone:_____ Cell Phone:_____

Requesting transfer to: Junior Program:_____

School Currently Attending_____ Current Grade:_____

Boundary School District:_____ Boundary School Name:_____

Reasons for transfer request:

- ☐ Elementary Daycare (Attach Daycare Provider Verification for K-5)
- ☐ Sibling enrolled at requested school last year
  Sibling Name:_____ Grade Level: _____
- ☐ Student attended requested school last year
- ☐ Recently moved and would like to have student remain in previous school district enrolled in

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:_____ Parent/Guardian Signature:_____

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:_____ President Signature: _____ Date:_____

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:_____