Section IX Athletic Council
N.Y.S.P.H.S.A.A.

N.Y.S.P.H.S.A.A. Section IX Eligibility Committee

Fred Ahart, Chairman     Phone: 607-498-4126 ext. 213
Roscoe Central School
6 Academy Street
P.O. Box 429
Roscoe, NY  12776
Fax: 607-498-6015

<table>
<thead>
<tr>
<th>Members</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Tom Cassata</td>
<td>758-2241 Ext. 3248</td>
</tr>
<tr>
<td>Toni Woody</td>
<td>845-256-4153 / 256-4151</td>
</tr>
<tr>
<td>Jolene Porter</td>
<td>456-1100 ext. 5020</td>
</tr>
<tr>
<td>Michael Kroemer</td>
<td>845-534-8009 Ext. 7504</td>
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Transfer – NYSPHSAA Standard 30

- Your school’s guidance department should notify you that there is a new student in the district and fill out the Transfer Student Information form.

- If you are satisfied that the student transferred into the district meeting the criteria in Standard 30a. or that the student did not participate in a particular sport during the one (1) year period immediately preceding his/her transfer (standard 30b.) or that the student meets one of the six exemptions to (b) and that student meets all other Eligibility Standards, you may determine the student is eligible.

- If you determine that the student does not meet the above criteria for Standard 30, you must fill out the Request for Waiver of NYSPHSAA Standard #30 – Transfer. Please mail or fax to Fred Ahart, Chairman.

  1. Upon receipt of this request (page one only) Section IX will grant a waiver of the transfer rule for any student athlete transferring to his/her public school district of residency or a private school within that district’s boundaries from any school. The waiver will be granted only one time per athlete.

  2. Upon receipt of this request (page one only) Section IX will grant a waiver of the transfer rule for any student who will play at the JV level only for one year from the date of transfer.

  3. If this form is to request a transfer without penalty based on an undue hardship for the student (Standard 30b. – Note) be sure to attach all three pages and supporting material documenting the undue hardship. The Eligibility Committee will render a decision at the next Section IX meeting.

REMINDER: TO ALL CONCERNED

The transfer rule is still in effect and without a waiver an athlete for which the rule applies remains ineligible. Schools using ineligible athletes are subject to the forfeit penalty, which cannot be made retroactive. Athletic Directors are urged to set up a system to track all transfer students.

Duration of Competition Extensions (Standard 8i)


Review the details with the student and parent(s) and obtain documentation that the pupil’s failure to enter competition during one or more seasons of a sport was caused by illness, accident, or similar circumstances beyond the control of the student (Standard 8i). Determine that the student meets other Eligibility Standards (age etc.)

Fill out Duration of Competition Extension Application (Standard 8i) and attach supporting material and documentation. Please mail or fax to Fred Ahart, Chairman. The Eligibility Committee will render a decision at the next Section IX meeting.
TO BE USED BY GUIDANCE OFFICES FOR ALL TRANSFERS AND FORWARDED TO ATHLETIC DIRECTORS

TRANSFER STUDENT INFORMATION

All transfers in grades 9-12 must complete this form. Upon completion, forward to the Athletic Office.

Student’s Name ___________________________ Date of Birth ________________
Date of transfer ___________________________ Grade level ________________
Current Address _______________________________________________________

Date of entrance into the ninth grade ________________
Parents’ Names _______________________________________________________
Current Address (es) _________________________________________________

Telephone Numbers _________________________________________________
How long has student resided at the current address? _____________________
With whom is student residing? ________________________________________
Relationship of this (these) person(s)? _________________________________
Reason for transfer __________________________________________________

************************************************************************************

Student’s previous address _____________________________________________
How long did student reside at previous address? _________________________
With whom did student reside at previous address? _________________________
Relationship of this (these) person(s)? _________________________________

PREVIOUS SCHOOL _____________________________________________________
Previous School Address _______________________________________________

Date of entry into previous school _____________________________
Did student participate in interscholastic athletics at previous school?

YES ☐ NO ☐

If Yes, please complete Sport History page.
REQUEST FOR WAIVER OF
NYSPHSAA ELIGIBILITY STANDARD #30 – TRANSFER

INCOMPLETE OR PARTIAL FORMS WILL NOT BE ACCEPTED

All three pages MUST be completed in order for a request to be considered for transfer public to private or private to private.

Only this page needs to be completed private to public returning to his/her school district of residency.

PAGE ONE TO BE COMPLETED BY STUDENT’S PRESENT SCHOOL

School submitting request ______________________________________________________
Student’s Name _______________________________ Date of Birth __________________
Date of Transfer _______________________________ Grade Level ___________________
Current Address _______________________________
Parent’s Names _______________________________
Current Address(es) ___________________________
Telephone Number(s) ___________________________ ______________________________
How long has student resided at the current address? ______________________________
With whom is student residing? ________________________________________________
Relationship of this (these) person(s) ____________________________________________
Reason for transfer ____________________________________________________________
(Attach supporting material and documentation.)
Previous School/Address

TO BE SIGNED BY SCHOOL ADMINISTRATORS OF SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED AFTER RECEIPT OF PAGES TWO AND THREE FROM THE SCHOOL STUDENT PREVIOUSLY ATTENDED:

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

Superintendent’s Signature ____________________________ Date ____________
Principal’s Signature ____________________________ Date ____________
Athletic Director’s Signature ____________________________ Date ____________

☐ APPROVED Signature ____________________________ Date ____________
☐ DISAPPROVED Section IX Eligibility Chairperson
☐ REFERRED TO ELIGIBILITY COMMITTEE
PAGE TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED AND RETURNED TO STUDENT’S PRESENT SCHOOL

Name of Student _________________________________________________________

Name of School Student Attended Prior to Transfer ______________________________

Address of School _________________________________________________________

Date of entrance to this school ______________________________________________

Date of entrance into the ninth grade __________________________________________

Date of withdrawal from this school __________________________________________

Reason for withdrawal _____________________________________________________

________________________________________________________________________

________________________________________________________________________

Student’s address while attending the above school ______________________________

________________________________________________________________________

With whom did student reside at this address? __________________________________

Relationship of this (these) person(s)? _________________________________________

Did student participate in interscholastic athletics at previous school? Yes_____ No _____
If Yes, please complete Sport History page three.

The undersigned have no knowledge that the student named herein has transferred to his/her present school with inducement, recruitment or having sought an athletic advantage.

Superintendent’s Signature __________________________________ Date ____________

Principal’s Signature _______________________________________ Date ____________

Athletic Director’s Signature _____________________________ Date ____________

If unsigned, please state reason(s) ______________________________________________

________________________________________________________________________

________________________________________________________________________
## Transfer Student Sport History

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<tr>
<th>YEAR</th>
<th>SPORT</th>
<th>LEVEL</th>
<th>SCHOOL</th>
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<td>10th Grade</td>
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<td>11th Grade</td>
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<td>12th Grade</td>
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Student Name

School

Athletic Director Signature ________________________ Date ____________
I. Personal Data

Pupil Name: ____________________________________________ Telephone #: ________________________
Address:   ______________________________________________ Zip Code:   ________________________
Age:  __________________________________________________ Date of Birth:   ________________________
School:  _________________________________________________________________________________________
School Telephone #:  ______________________________________________________________________________
Seasons and Sports Requested:  ______________________________________________________________________

Pupil’s Athletic History:

<table>
<thead>
<tr>
<th>Sport</th>
<th>No. of Seasons</th>
<th>School</th>
<th>Participated</th>
<th>Years</th>
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II. Date of Entry (Beginning of Sport Participation in High School Level of Competition). Attach Transcript

A. Date of entry into ninth grade: __________________________________
   Month  Day  Year

B. Date of entry into eighth grade: __________________________________
   Month  Day  Year

C. Date of entry into seventh grade: __________________________________
   Month  Day  Year

III. Reason for Request for Extension

Describe the reason for requesting an extension for duration of Competition as it relates to the appropriate circumstance and attach supporting documents providing such evidence. The evidence must include documentation showing that as a direct result of the illness, accident, or similar circumstance, the pupil will be required to attend school for one or more additional semesters in order to graduate.

A. Illness:
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

B. Accident:
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

C. Other Circumstances:
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

Superintendent’s Signature: __________________________ Date: __________________________
Principal’s Signature: ______________________________ Date: __________________________
Athletic Director’s Signature: __________________________ Date: __________________________
Parent’s Signature: __________________________ Date: __________________________

☐ APPROVED  Signature: __________________________ Date: __________________________
   Fred Ahart, Eligibility Chairperson

☐ DISAPPROVED