

**TEXAS CHRISTIAN ATHLETIC FELLOWSHIP**  
**Official Transfer Eligibility Statement**

Students who participated in a sport in either sub-varsity or varsity in ninth through twelfth grades during the current or previous school year at another school must have this form complete, as well as approved by the TCAF Director before they are eligible to participate at the varsity level in said sport.

Student Name \_\_\_\_\_

Former School \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Administrator/Principal \_\_\_\_\_

New School \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Administrator/Principal \_\_\_\_\_

Date of Transfer \_\_\_\_\_ Before School Year Began (circle one) YES NO

If no, give a brief reason for the transfer. \_\_\_\_\_

**Please circle correct answer**

1. Yes No Has the student ever practiced or participated in extracurricular athletic activities at another school? This includes before school, after school and during an athletic period.

2. Yes No Will or was the student 19 prior to **September 1** of the current year.

3. Yes No Did the student **ENROLL** in the 9th grade more than 4 years ago?

4. Yes No Has the student repeated a grade in High School?

5. Yes No Is the student enrolled in at least **4** classes at the present school?

6. Yes No Does the student presently reside with parent(s) (either birth or adoptive parents)?

7. Yes No Is the student a citizen of the United States?

8. Yes No Is the student presently under suspension or ineligible to participate in extracurricular activities at the previous school?

**Prior to applying to the new school, has the student, family or representative of the family**

9. Yes No Communicated with any coach at the school about ATHLETIC PARTICIPATION?

10. Yes No Communicated with any booster club member or school board member about ATHLETIC PARTICIPATION?

11. Yes No Attended a SPORTS CAMP at this school?

12. Yes No Participated on an AAU, CLUB, or similar team coached or operated by a coach at this school?

13. Yes No Participated in an OFF SEASON League on a team coached or operated by a coach at this school?

14. Yes No Been promised a SCHOLARSHIP for ATHLETIC PARTICIPATION from this school or representative of school?

16. Yes No Attended a tryout to determine eligibility for ATHLETIC PARTICIPATION at this school?

17. Yes No Has the student been promised payment of expenses or financial aid based on ATHLETIC ACTIVITY at this school?

18. Yes No Has the student been promised college scholarships or placement based on ATHLETIC ACTIVITY at this school?

19. Yes No Has the family agreed to pay individuals future sums for past or present representation in an ATHLETIC ACTIVITY?

### Certification Statements

We certify that, to the best of our knowledge, that no undo influence was exerted upon the student or parents to transfer schools for strictly athletic purposes. Furthermore, I (Administrator/Principal) certify that, to the best of my knowledge, no one connected with our school exerted upon the student or parents any inducements or privileges not afforded to any other student coming to our school who does not participate in athletics.

(BOTH SIGNATURES REQUIRED.)

School Administrator/Principal \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

### Certification of Parents

I certify that I (we), as parent(s), are not placing our child(ren) in this school strictly for athletic purposes and there was no pressure or inducements to us, or our child(ren), from anyone at this school. By signature below, we attest that the above information is factual, true and correct. We understand that if information is later determined to be incorrect or untrue, the eligibility of the student would be in jeopardy and any contests in which the student participated would be subject to forfeiture by the school.

Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

### Certification of Previous School

We certify that, to the best of our knowledge, that no undo influence was exerted upon the student or parents to transfer schools for strictly athletic purposes. We also certify that all student information is true and accurate.

School Administrator/Principal \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director \_\_\_\_\_ Date \_\_\_\_\_