

Olympia School District
TRANSFER STUDENT ATHLETE
(Transferring to CAPITAL or OHS within past 12 months)

Student Athlete's Legal Name: _____

School: (circle one) Capital OHS **Date of Enrollment:** _____

Reason for Transfer: _____

Previous School Attended: _____

Address: _____

PER WIAA RULE 18.10.0, I AM CURRENTLY LIVING WITH MY FAMILY UNIT AT

ADDRESS: _____

(Family Unit definition per WIAA 18.10.0 – The adult(s) who has/have resided with, had legal custody, legal guardianship, or has/have acted in a parental capacity of the student and any siblings high school age or younger with whom the student resides for a period of at least one (1) year).

AT MY PREVIOUS SCHOOL I WAS IN GOOD STANDING:

- Academic (passing all classes) Yes No
- I have been suspended or disciplined for alcohol or other drug possession, use, sale, or transfer, weapons, or violence. Yes No
- I have been suspended from athletic participation for a violation of the Athletic Code. Yes No

PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

9th Grade _____
10th Grade _____
11TH Grade _____

PREVIOUS COMMUNITY AND/OR CLUB SPORTS PARTICIPATION - LIST SPORT AND YEAR

I UNDERSTAND THAT IF I HAVE GIVEN ANY FALSE INFORMATION I WILL BE IMMEDIATELY DECLARED INELIGIBLE FOR ANY AND ALL ATHLETIC PARTICIPATION.

Student Athlete's Signature

Date

I UNDERSTAND THAT IF ANY OF THE INFORMATION PROVIDED ABOVE IS FALSE, THE ABOVE NAMED STUDENT ATHLETE WILL BE DECLARED INELIGIBLE FOR ANY AND ALL ATHLETIC PARTICIPATION.

Parent/Legal Guardian's Signature

Date