



EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
ATHLETICS DEPARTMENT
ELIGIBILITY FOR TRANSFER STUDENTS

Date: _____

Date of Transfer: _____

CURRENT INFORMATION

Name of Student: _____ Age: _____

DOB: _____

New Address: _____ Grade: _____

Residence in School District

Year Expected to Graduate: _____

Have you repeated a grade? _____

Parent/Guardian: _____ If yes, what grade? _____

Phone (H) _____ (W) _____

Date of Move: _____

Date of Transfer to East Irondequoit Central Schools: _____

Reason for

Transfer: _____

Please be specific

PREVIOUS INFORMATION

Home Address: _____

Parent/Guardian: _____

School: _____ Years Attended: _____

Address: _____

With Whom Did you Live? _____

ATHLETIC PARTICIPATION RECORD

<u>Grade:</u>	<u>Sport(s) and Level(s)</u>			<u>School</u>
7 th	Fall: _____	Winter: _____	Spring: _____	_____
8 th	Fall: _____	Winter: _____	Spring: _____	_____
9 th	Fall: _____	Winter: _____	Spring: _____	_____
10 th	Fall: _____	Winter: _____	Spring: _____	_____
11 th	Fall: _____	Winter: _____	Spring: _____	_____
12 th	Fall: _____	Winter: _____	Spring: _____	_____

Expected Date of Graduation: _____

Student Signature

Date

Parent Signature

Date

Guidance Department will forward this form to the Director of Athletics when student has been accepted for registration.