

## SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION

## SHSAA STUDENT TRANSFER FORM

**Before completing this form**, please review SHSAA Bylaw referred to as “Eligibility To Represent School Teams” located in the SHSAA Handbook (available on SHSAA website at [www.shsaa.ca](http://www.shsaa.ca)). ***Forms only need to be completed for those students who do not meet the criteria outlined in 1 a) and/or b); or, 2 a) and/or b).***

<b>Student Name:</b>
<b>Date of Birth: (D/M/Y)</b>
<b>Grade:</b>
<b>Year of Entry Into Grade 10:</b>
<b>If entry into grade 10 did not occur in September, please note month here:</b>
<b>School Attended in Grade 10:</b>
<b>School Transferring from:</b>
<b>School Transferring to:</b>
<b>Date of acceptance into new school: (D/M/Y)</b>

**Declaration from parent and student:** In signing below, I acknowledge that:

1. The student named above is allowed only one transfer during his / her three years of SHSAA eligibility under SHSAA Bylaw Eligibility to Represent School Teams 3. a-d.
2. The primary reason for this transfer is for an educational purpose. The transfer is not being made primarily for an athletic purpose or primarily so that the student can participate in athletics.
3. The student named above is not allowed to participate in SHSAA governed activities at a second school in the same sport during the same season, except in the event that the SHSAA determines that there has been a bona fide change in residence of the parent(s) or legal guardian(s) of the student, or a change of legal guardianship of the student contemporaneously with the change in residence of the student (subject to limitations noted in SHSAA Transfer Policy).

<b>Parent (Legal Guardian) Signature:</b>
<b>Student Signature:</b>
<b>Parent / Guardian Name: (Please Print)</b>
<b>DATE (D/M/Y):</b>

**Declaration from Principals and Athletic Directors:** *We, the undersigned school principals and athletic directors, confirm that the student identified above has transferred schools as noted. We accept the declaration from the parent and the student as valid.*

<b>RECEIVING SCHOOL:</b>
<b>Principal's Signature:</b>
<b>DATE (D/M/Y):</b>
<b>Athletic Director's Signature:</b>
<b>DATE (D/M/Y):</b>

<b>SENDING SCHOOL:</b>
<b>Principal's Signature:</b>
<b>DATE (D/M/Y):</b>
<b>Athletic Director's Signature:</b>
<b>DATE (D/M/Y):</b>

**FAX TO:**

**SHSAA Fax - (306) 721-2659**

**MAIL TO:**

**SHSAA  
#1 – 575 Park Street  
REGINA SK  
S4N 5B2**