



TRANSFER ELIGIBILITY CHECKLIST

Name of High School: _____

City: _____

Name of Student: _____

Grade: _____

Previous School of Attendance (school transferring from): _____

FOR PARENT – Indicate type of transfer (check one)

_____ **General Transfer (move into district)**

A. Where does the student reside? Address: _____

B. Name of person(s) who live at address provided above: _____

C. Relationship of the person(s) residing at the above address to student: _____

D. Does the student’s **ENTIRE** immediate family reside at this address? Yes _____ No _____

E. Are the parents divorced? Yes _____ No _____

F. If “yes” to (E), please attach a copy of the Court Ordered Decree

G. Do the parents live separately? Yes _____ No _____

_____ **Open Enrollment Transfer** (Please see DOE guidance on founded harassment or bullying, as defined in Iowa Code Section 280.28, while attending school in the district of residence.)

_____ **Resident of Another School District**

_____ **Intra-District Transfer (multiple high school district)**

Signature of Parent/Guardian is acknowledgement that the above information is affirmed as being accurate.

Parent Signature: _____ Date: _____

FOR SCHOOL ADMINISTRATOR – Check or date when verified

_____ 1. Residence verified - Address _____

_____ 2. Receipt of transcript from previous school

_____ 3. Birth date verified

_____ 4. 9th grade entry date verified

_____ 5. Academic eligibility verified

_____ 6. Good conduct eligibility verified, if applicable locally

_____ 7. Athletic physical verified

_____ 8. “Heads Up: Concussion in High School Sports” fact sheet verified

_____ 9. Other eligibility items required locally: _____

Upon verification of items 1-9, the student is eligible for non-varsity competition.

_____ **10. FOR VARSITY LEVEL ELIGIBILITY ONLY.** . . Upon completion of this checklist, the school must determine varsity-level eligibility status based on transfer rules outlined in Chapter 36 of the Iowa Administrative Code. If a student does not meet the conditions for immediate eligibility as per IAC 36.15(3) or 36.15(4), the appropriate governing body (IHSAA or IGHSAU) should be contacted. If any additional questions exist regarding eligibility status, contact the appropriate governing body **prior to** allowing participation.

All of the necessary paperwork and verifications have been completed on behalf of the above-named student to determine her/his eligibility. For varsity- level competition and based upon the information in these documents, the student is (check one of the following): _____ **ELIGIBLE** _____ **INELIGIBLE**

If ineligible, list restrictions for ineligibility: _____

School Administrator: _____ Date: _____

(Name and Title)

****Next Step—If Requested: Administrative Ruling by the IHSAA or IGHSAU**