

2024-25 Notification of Transfer Form



Submission of this form by the receiving school confirms the transfer of the student-athlete and their eligibility in sports not participated in the prior 12 months.

Please email completed form to info@bcschoolsports.ca.

First Name: _____ Last Name: _____

Date of Birth (YYYY-MM-DD): _____ Date of Transfer: _____

Sending School: _____ Sending School Location: _____

This student was not registered nor did they participate in competition of a BCSS activity during the 12 month period prior to the date of transfer

This student participated in or was registered in the following BCSS activities in the previous 12 months.

List all **BCSS activities** that the student-athlete was **registered and/or participated** in at their previous school in the 12 months preceding the date of transfer (student will be ineligible in these sports for 12 months from the date of transfer).

- _____
- _____
- _____
- _____

TRANSFER DISCLOSURE

The receiving school is required to truthfully disclose the following as part of the transfer process. In the 24 months preceding to enrollment at the receiving school, has the transferring student:

- Participated in a club or community/non-school athletic program in which one or more of the receiving school's coaches are currently involved.
- Received personal athletic instruction or training, including strength and conditioning programming, from a person affiliated with the receiving school's athletic program.

If the answer to one of the questions above is yes, the school filing the transfer submission must list the coach(es) involved and the sport affiliations the coach and student athletes participated in together.

| COACH | SPORT | CLUB/ORGANIZATION |
|-------|-------|-------------------|
| | | |
| | | |

PARENT/STUDENT SECTION

Student-athlete's residency status (check box that applies):

- Lives with parent(s) Lives with legal guardian (guardianship must have been in place for twelve (12) months prior to the period which eligibility is sought)

Parent/Legal Guardian

Name: _____ Signature: _____

Relationship to student: _____

RECEIVING SCHOOL SECTION

School Name: _____

Athletic Director Name: _____ Administrator Name: _____

Athletic Director Signature: _____ Administrator Signature: _____