



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
503.682.6722 FAX 503.682.0960 www.osaa.org

Eligible Student Transfer Certificate

NOTE: This form must be completed and a copy maintained at the school for inspection at the request of the OSAA prior to participation by the student listed below in any interscholastic contest.

Name of School _____ City _____

Name of Student _____ Birth Date ____/____/____
Month / Day / Year

Name of parents and address of joint residence _____

Student's Place of Birth _____ Student's Age _____

ACADEMIC HISTORY

Date of first enrollment in high school or registration in home school _____

If home school student, date and score of last test _____

School from which transferring _____ Dates Attended _____

Last date that student attended classes, games or practices at school from which transferring _____

If transferring between school districts under teams of a Reciprocal Transfer Agreement, mark here: _____

Attach documentation to support the fact that the transfer has been approved by both the sending and receiving school districts.

Date(s) of enrollment and name(s) of any other high school(s) attended:

Freshman Year _____

Sophomore Year _____

Junior Year _____

Senior Year _____

Does the student satisfy the OSAA academic eligibility requirements (Rule 8.1) by:

Being enrolled full time during the last grading period? YES NO (Circle One)

Attending regularly during the last grading period? YES NO (Circle One)

CERTIFICATION BY SUPERINTENDENT OR PRINCIPAL

I certify that I have investigated the data herein contained and, to the best of my knowledge and belief, this student is eligible under OSAA rules.

Signature _____ Date _____
Superintendent or Principal

CERTIFICATION BY PARENT

Under penalty of perjury, I affirm that no coach, parent, administrator, teacher or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation.

Signature _____ Date _____
Parent