Student Transfer Report

Lakeville South

This information must be completed by Receiving School:

Date: Athletic Director

Receiving School: ***Lakeville South High School*** A.D. Email Address: ***ndstrader@isd194.k12.mn.us***

Sending School: _____ A.D. Email Address: _____

Transfer Student's Full Name: _____ has indicated that he/she is transferring to

Receiving School: ***Lakeville South H S***

Date Student entered 9th grade: _____ School Student entered 9th grade: _____

This information must be completed by Sending School and returned to Receiving School:

Is this the student's first transfer? _____ Yes _____ No

If No, please list transfers: _____

Following is an overview of the eligibility status:

_____ Student has participated on a Varsity, Jr. Varsity or B-Team (Sophomore team).
_____ Student is eligible for all levels of competition at the time of withdrawal.
_____ Student is NOT eligible due to violations or transfer rule (see below).

If the student is not eligible, please check (X) all of the following that apply:

_____ Academic progress
_____ Age
_____ Amateur violation
_____ Camp/clinic violation
_____ Drinking/smoking/chemical violation
_____ Student Code of Responsibilities (Bylaw 206)
_____ Non-school competition violation
_____ Semesters
_____ Racial, religious, sexual harassment/violence or hazing violation
_____ Transfer
_____ Other: (please describe) _____

The Student has how many number of days/ weeks/games of his/her penalty remaining at the time of withdrawal.
Please describe: _____

The Student has previous MSHSL violations and has served the penalty:
1st Violation: _____
2nd Violation: _____
3rd Violation: _____

The information above is accurate to the best of my ability. Please provide your electronic signature

Sending School A.D. Signature: _____ Date: _____

Receiving School A.D. Signature: ***Neil Strader*** Date: _____

KEEP ON FILE AT RECEIVING SCHOOL - (Do Not Send to MSHSL)