



ELIGIBILITY VERIFICATION OF TRANSFER STUDENT

To: _____ Athletic Administrator of _____ High School
 From: Jeff Gabrielsen Athletic Administrator of Wauwatosa West High School
 Address: 11400 West Center Street Fax Number 414-773-3020
Wauwatosa, Wisconsin 53222 Date _____

The student listed below has transferred to our school. In order for us to determine eligibility status, we need information which we ask you to provide from your records. Some information has been filled in as you will see. We ask you to correct it (if necessary) and to provide additional information if you are able to do so. The questions at the end of this form (below the participation box) are particularly important. We appreciate your help in this matter, and ask that you return this form to our school as soon as possible.

Name of Student _____ Date of Birth _____ Grade (Circle) 9 10 11 12
 Name of Father _____ Date Father Moved Out of Your District (If public school) _____
 Address While in Your District _____ (Street) _____ (City) _____ (State) _____ (Zip) _____
 Name of Mother _____ Date Mother Moved Out of Your District (If public school) _____
 Address While in Your District _____ (Street) _____ (City) _____ (State) _____ (Zip) _____
 With Whom did Student Reside While Attending Your School? _____

SCHOOL HISTORY				
	SCHOOL	CITY, STATE	DATE ENTERED	LAST DATE ATTENDED
Grade 9				
Grade 10				
Grade 11				
Grade 12				

SPORT PARTICIPATION								
SPORT <small>(Place X in Appropriate Box)</small>	Grade 9		Grade 10		Grade 11		Grade 12	
	Varsity	Nonvarsity	Varsity	Nonvarsity	Varsity	Nonvarsity	Varsity	Nonvarsity
Baseball								
Basketball								
Cross Country								
Football								
Golf								
Gymnastics								
Hockey								
Soccer								
Softball								
Swimming/Diving								
Tennis								
Track/Field								
Volleyball								
Wrestling								

- Was Student Under Disciplinary Suspension at Time of Withdrawal From Your School? Yes _____ No _____ (If yes, please explain) _____
- Would Student be Academically Eligible (number of F's/GPA) According to Your Code? (Receiving school must verify with transcripts)
 Yes _____ No _____ Length of suspension _____
- Would Student be Eligible if Still Enrolled in Your School? Yes _____ No _____ If no, Why? _____
- If the student is **within** their first six consecutive semesters, do you have any reason to oppose this student being afforded nonvarsity eligibility at our school? Yes _____ No _____ (If yes, please explain) _____
- Why Did Student Withdraw From Your School? _____
- Did the student leave due to known extenuating circumstances? Yes _____ No _____ (If yes, please explain) _____
- Comments: _____

Name/Signature of Athletic Administrator Completing This Form _____ Name of School _____ Date _____
 Phone _____ Fax _____ E-mail _____
 Rev. 5/16