

2022-23 Notification of Transfer Form



This form confirms a transfer of a student-athlete and eligibility in sports not participated in in the last 12 months. A Notification of Transfer Form must be signed and submitted by the administrator and athletic director of the receiving school and the student-athlete's parent(s) or legal guardian(s) for the transfer to be completed.

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 for and did not 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 for and 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).

1. _____

3. _____

2. _____

4. _____

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: _____