

Athletic Administrative Transfer Request Form • 2017-18

Note: Only applies to grade 9 student athletes who are assigned to the new high school

1. For Fall and Winter athletes this request form is due to your school athletic director by Friday, January 13, 2017. Request forms for Spring athletes are due by Friday, April 21, 2017. Decisions on administrative athletic transfers will be finalized and communicated to students and families soon after these deadline dates. Final decisions will be based on collaborative discussions between school athletic directors and principals of the participating schools.
2. Please explain your athletic hardship that supports your request for this transfer. **Attach a separate sheet of paper with your explanation.** Community club sports (lacrosse, water polo, skiing, racquet ball, etc.) are an outside entity from the Beaverton School District and do not qualify as a part of this transition recommendation.
3. The Administrative Athletic Transfer Request must be submitted to the student's home school athletic director. The home school is the school the student currently attends.
4. The athletic director of the student's home school must initiate contact with the athletic director at the school where the student has applied to attend. Athletic directors will either approve or deny the request. Following athletic directors, the principal of the two schools will confer and either approve or deny the request.
5. Parents/guardians are responsible for providing transportation, which complies with school hours. The District will not provide transportation unless there is space available on a bus and there is no additional cost. Students in the no transportation zone for each school requesting to be transported will have preference over an Administrative Transfer student requesting transportation to the same school.
6. Copies of the completed application will be distributed by the receiving school athletic director, pending a letter or telephone conversation with the parent/guardian of the student, regarding the final recommendation.

TO BE COMPLETED BY PARENT/STUDENT/ADMINISTRATOR			
Name of Student:		Telephone Number:	
Age:	Current Grade:	Present Address:	
SPECIAL EDUCATION STUDENT? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, contact Special Education Administration)		Home School Name (Home school is where student currently lives):	Receiving School Name (This is the transfer school you wish to attend or continue attending):
List the 2016-2017 varsity sport for the student: _____		Parent/Guardian (Please Print)	
		Parent/Guardian Signature	Date
FOR OFFICE USE ONLY			
Athletic Director have conferred and the request is: <input type="checkbox"/> Approval <input type="checkbox"/> Denied		Home School Athletic Director Signature _____ Date _____	
		Receiving School Athletic Director Signature _____ Date _____	
Principals have conferred and the request is: <input type="checkbox"/> Approval <input type="checkbox"/> Denied		Home School Principal Signature _____ Date _____	
		Receiving School Principal Signature _____ Date _____	