



East Lyme High School Athletic Department

*Deb Roselli Kelly, Principal
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TRANSFER STUDENT ELIGIBILITY INFORMATION

STUDENT NAME: _____ **D.O.B:** _____ **(CIRCLE ONE): MALE / FEMALE**

PREVIOUS SCHOOL: _____

The student-athlete above was in grade 10 or higher prior to withdrawing from their sending school. (YES / NO)

The student-athlete above was a varsity or junior varsity player in grades 10, 11 or 12 in at least one CIAC-sponsored sport during the calendar year (365 days) prior to the transfer. (YES / NO)

The student-athlete above did not, while living with their parents or legal guardian, have a change of legal address into the service area of the receiving school. (YES / NO)

WAS THERE A CHANGE OF LEGAL ADDRESS: YES NO

PREVIOUS HOME ADDRESS (IF CHANGED): _____

TOWN: _____ **STATE:** _____ **ZIP:** _____

PRIOR SCHOOL YEAR GRADE: (CIRCLE ONE) 8 9 10 11 12

DATE FIRST ENTERED 9TH GRADE: _____
Month/Year

LIST HS SPORT(S) AND LEVEL PLAYED AT PRIOR SCHOOL: _____

GRADE ENTERING AT ELHS: (CIRCLE ONE) 9 10 11 12

PARENT/GUARDIAN NAME(S): _____

CURRENT RESIDENCE ADDRESS: _____

CURRENT RESIDENCE CITY/TOWN: _____

CURRENT RESIDENCE ZIP CODE: _____

LIST SPORT(S) PLANNING ON PARTICIPATING IN AT ELHS:

FALL: _____ **WINTER:** _____ **SPRING:** _____

FOREIGN STUDENTS (only) complete this section

COUNTRY: _____ **HS GRADUATE: Yes No**

EXCHANGE PROGRAM NAME: _____

TODAY'S DATE: _____

UPLOAD TO FAMILY ID REGISTRATION OR RETURN TO THE ATHLETIC OFFICE ASAP IN ORDER TO BE ELIGIBLE TO PLAY