



HIBBING HIGH SCHOOL

Activities Department

Mr. James Plese, Activities Director
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Dear Future Bluejacket,

Please fill out the attached form and turn it into the Activities Office. The Minnesota State High School League requires this information for all transfer students. Please answer each question as complete as possible - omission of information will delay your clearance.

Out of state transfers must meet additional requirements - please notify the activities office if you are an out-of-state transfer.

Along with this form, you will need to provide your **transcripts** and a copy of your **physical**. **This is the student's responsibility to secure all paperwork from their previous school.** Please include this when you hand in the attached form.

Transfer students are not eligible to participate in practice, games, scrimmages, tryouts, etc. until the MSHSL and the Hibbing High School Activities Office have cleared them. Participating without this clearance will result in additional eligibility loss and the team forfeiting all varsity competitions that the ineligible student participated in.

If you have any questions, please don't hesitate to contact me.

Thanks, and welcome to HHS!

Mr. James Plese, Jr.
Activities Director
Hibbing High School

Sports

Fall:
Winter:
Spring:

ALL INFORMATION BELOW MUST BE COMPLETED IN ORDER TO PROCEED!

Minnesota State High School League Student Transfer Form

NO TRANSFER STUDENT WILL BE ELIGIBLE TO PARTICIPATE AS A MEMBER OF ANY VARSITY TEAM IN YOUR SCHOOL UNLESS HE/SHE HAS MET THE PERIOD OF INELIGIBILITY OR HAS MET ALL TRANSFER REQUIREMENTS AND HAS THIS FORM ON FILE IN THE ACTIVITIES OFFICE.

Transfer Student Name: _____ Grade: _____ Age: _____

Address: _____

Family Email Address: _____

Date Student Entered 9th Grade: _____ School: _____

Date Student Entered 7th Grade: _____ School: _____

Previous School Information:

Where did the student attend school last year? _____

Is this your first transfer: ____ YES ____ NO

If no, please list the schools and dates of attendance [MUST BE COMPLETE!]:

1) School: _____ Date Started: _____ Date Ended: _____

Reason for Transfer:

2) School: _____ Date Started: _____ Date Ended: _____

Reason for Transfer:

To list additional transfers, use back of page.

Last MSHSL affiliated high school: _____

Type of Transfer - Please circle one:

MN-MN (In State)

Domestic: US State-MN

Foreign/International: Outside US - MN

Reason for Transfer:

Bylaw 111.00, Transfer and Residence, lists several means by which a student can transfer from one school to another.

Which condition of transfer applies in this instance?

1) _____ Entering 9th grade for the first time

a. Please provide an official copy of your transcript.

2) _____ Change of residence and occupancy by the student's parents or legal guardians

a. Please provide evidence that you and your parents or legal guardians have, in fact, change residence and occupancy.

Please provide documentation from the previous school to affirm this as well.

3) _____ Residence is changed pursuant to a child protection order placement in a foster home, or a juvenile court disposition order (court order]

a. Please provide the child protection order or the juvenile court disposition order that places the student in our school.

4) _____ Open enrollment/Secondary enrollment options

Is the student's first day of attendance at Hibbing High School the first day your school conducted classes for the current school year? ____ Yes ____ No

Background Information:

1) Did you provide a copy of your current physical?

Yes No

2) Were you in good standing at the time of transfer?

Yes No

3) PLEASE ATTACH A LETTER FROM YOUR PREVIOUS SCHOOL STATING YOUR ELIGIBILITY STATUS AND GOOD STANDING AT THE TIME OF YOUR TRANSFER (please see attachment).

4) Are you under 20 years of age?

Yes No Date of Birth: _____

5) Are you fully enrolled at Hibbing High School as defined by the Department of Children, Families, and Learning?

Yes No

6) Have you participated in fewer than four seasons in any sport beginning in the 9th grade?

Yes No

7) Have you completed the terminal grade in your previous school in the US or foreign country or earned a GED?

Yes No

8) Have you repeated a grade

Yes No If yes, which grade: _____

9) Have you completed 8 semesters of eligibility?

Yes No

10) Have you received money [played professionally] in an MSHSL-sponsored sport?

Yes No

11) Did you receive reduced tuition or a scholarship to attend school?

Yes No

12) Do you live in the Hibbing attendance district?

Yes No If no, what school's attendance district do you reside in? _____

Here is what MUST be included:

1. Official transcript handed into main office
2. Physical Form - updated! For 10th grade - must be after June 1
3. Enrollment Information [MUST BE COMPLETE]
4. Reason for transfer to Hibbing High School
5. List of all violations at the previous schools
6. Any other support materials

****Students can't participate until they are cleared by the Hibbing Activities Office!**

Students are eligible for 12 semesters of participation in MSHSL sponsored programs from fall first year through the spring of sixth year.

(Previous school contact info: last high school attended):

AD Name: _____ Phone #: _____

Email: _____

HIBBING HIGH SCHOOL ATHLETIC RESIDENCE INFORMATION

In accordance with bylaw 111.00 of the Minnesota State High School League, we declare that the information herein is true, correct, and complete.

We have established a permanent new residence at:

This residence is in the Hibbing High School attendance district ___ YES ___ NO

- Our intent is to reside indefinitely at the new residence in Minnesota and terminate all occupancy in our previous residence for the duration of our child's enrollment
- Both parents* and all minor siblings will reside at this new residence.
- Our new residence is in a different public school attendance area from our previous residence.
- We have provided Hibbing High School with the following information that helps to verify our new residence:

___ Our new mailing address

___ Driver's license registration with the new residence (both parents)

___ Purchase or rental agreements as they pertain to the new residence

___ Any other reliable evidence of residence

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

*In the event of divorce, parent shall be the parent with legal and physical custody of the student. Please return this form to the Hibbing High School Activities Office, attention James Plese, activities director.

If any of the information you have provided is inaccurate, the student will become ineligible, and sanctions may be imposed upon Hibbing High School by the MSHSL Board of Directors.