Receiving School to complete the form, obtain signatures, and submit (with six items attached) to the District Athletic Department.



Official Offie Use Only
Approved
Denied
Date

Name of Student: Student ID#:			
Current School:	Previous (Transfer) School:		
Date of Birth: Current Grade:	Date Entered Current School:		
Date completed 8th grade: Dat	e Entered 9th grade:		
Previous Semester GPA (on a 4.0 scale):	Cumulative GPA (on a 4.0 scale):		
Current Address:			
Does the student live with any coaches or represen	tatives of athletic department? Yes D No	\Box	
Sport(s) student wishes to participate:			
Date(s) student participated in sport at previous sch	100l:		
Did any coach at the current school talk to you abo	ut athletics? If yes, please explain:		
Student lives with: Parent(s) Guardian(s)	Other (specify)		
How long has the student lived with the above indi	vidual(s):		
Please provide pertinent facts and reason for movin eligibility status including any previous contact thi department staff member or representative of the se	s student may have had with a school emplo		
All items below must be included with this request	:		
Parent Letter of Support	Attach Academic Record		
☐ School Letter of Support	Attach Discipline Record		
Copy of Student Enrollment (Dating back to MS, if applicable)	Support Email from Player's Previ	ous School	
By signing this form, I attest all statements to be fa	ctual.		
Principal:		_	
Print	Signature	Date	
Athletic Director:			
Print	Signature	Date	
Parent/Guardian:			
Print	Signature	Date	

Form No.: CTE-2425-002 – Good Cause Appeal / Athletics / CTE New Date: 8/29/24