



HHSAA TRANSFER FORM

This form shall be completed by students that participated in high school sports or foreign country equivalent.

Name of Student _____

Date of entry into 9th grade _____

School(s) Attended _____

Sports participated (if applicable) _____

9th grade _____

10th grade _____

11th grade _____

12th grade _____

Contact info (AD/Principal) _____

School Transferring to _____

Type of Transfer (Mark one)

Public School

Geographic Exception _____

Power of Attorney _____

Change of Residence _____

Legal Guardian _____

Moved Residence (and vacated) _____

Other, please specify _____

Private/Charter School

Home-Stay _____

Change of Residence (for mainland, interisland, foreign) _____

Legal Guardian _____

Moved Residence (and vacated) _____

Boarding _____

Other, please specify _____

We certify that the information contained herein is true and additional documentation may be requested from the Hawaii High School Athletic Association, member leagues, and/or member schools to verify the same. I also, acknowledge that falsifying this form may affect my athletic eligibility.

Parent/Legal Guardian Signature _____

Student Signature _____

We verify that the information is accurate according to documents/information received by the school, student, and parent/legal guardian.

Principal Signature _____

Athletic Director Signature _____

Date form filed at league office _____