

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS
ATHLETIC ELIGIBILITY CHECK FOR TRANSFER STUDENTS

Grades 7-12 only

Date: _____

Current Information:

Name of Student: _____ Age: _____

Home Address: _____ DOB: _____

_____ Grade: _____

Parent/Guardian: _____

Phone: (H) _____ (W) _____

Date of Move: _____

Date of Transfer to West Irondequoit CSD: _____

Reason for Transfer (Please be specific): _____

Previous Information:

Home Address: _____

Parent/Guardian: _____

School: _____ Years Attended: _____

School Address: _____

Athletic Department Record:

Grade	Sport(s) & Level(s)	School
8th	_____	_____
9th	_____	_____
10th	_____	_____
11th	_____	_____
12th	_____	_____

Expected Date of Graduation: _____

Signature of Student _____ Date

Signature of Parent/Guardian _____ Date

Return to Athletic Office