

## NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION TRANSFER ELIGIBILITY FORM

All students in grades 9-12 who transfer from one school to another school must complete and submit this form to the NIAA to obtain athletic eligibility.

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender \_\_\_\_\_ Student #: \_\_\_\_\_

Sport(s) Participated in: \_\_\_\_\_ / \_\_\_\_\_  
 Sport (Fall) Level Sport (Winter) Level  
 \_\_\_\_\_ / \_\_\_\_\_  
 Sport (Spring) Level

New School: \_\_\_\_\_

Former School: \_\_\_\_\_

City State Zip Code

Phone Number Fax Number

Student's Current Address: \_\_\_\_\_

Street

City State Zip Code

Student's Former Address: \_\_\_\_\_

Street

City State Zip Code

Status of previous residence? \_\_\_\_\_ Sold \_\_\_\_\_ Leased \_\_\_\_\_ Vacant \_\_\_\_\_ Still Own

We, the undersigned, certify that our son / daughter is in compliance with the transfer and admission policies of the NIAA. He / she is not changing schools for athletic purposes and was not recruited. We understand that any false or incorrect information may result in ineligibility and could result in the forfeiture of any contests in which he / she was a participant. We understand that all legal guardianships must comply with NAC 386.785. Legal guardianships must be approved by appropriate district personnel prior to review by the NIAA Executive Director.

Print Parent Name Parent's Signature Date

\*\*\*\*\*  
**FORMER SCHOOL CERTIFICATION AND RELEASE:**

Former School: \_\_\_\_\_

- |       |       |  |
|-------|-------|--|
| Yes   | No    |  |
| _____ | _____ | 1. Was there any conflict or dissatisfaction between the student, parents, and/or the coach at the school?                               |
| _____ | _____ | 2. Was this student recruited to attend another school or was any undue influence exerted upon this student or family to change schools? |
| _____ | _____ | 3. Did this student quit an athletic activity while enrolled in your school?   |
| _____ | _____ | 4. Was this student ever suspended or removed from your school's athletic program?   |
| _____ | _____ | 5. Would this student be prohibited from participation in athletics had he/she not changed schools?                                      |
| _____ | _____ | 6. Based on your knowledge of the student, is this student changing schools for athletic purposes?                                       |

**Note: All YES responses require a written explanation to be submitted to the appropriate district athletic office or to the Executive Director of the NIAA.**

Principal/Athletic Administrator's Signature Date

I certify the aforementioned student is:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
 Appropriate District Athletic Office

Eddie Bonine, NIAA Executive Director

Revised 11/16/09

**This form must be sent to the NIAA with the Clearance Form and a copy of student's information page (name, address, parent(s) name, etc..)**