

Student Name:							
Student Address:							
New School:							
Previous School:							
Grades attended at previous school: 9 10	11 1	2 Grade at I	new school:	9	10	11	12
Date of acceptance at the new school?							
Date of withdrawal from the previous school?							
Date of first attendance at the new school?							
		TION OF FAMILY					
We certify that neither my child nor I have been offe	red nor ac	cepted any induce	ement to attend	I the new	school ir	n accorda	nce with
Section 87 of the TAPPS By-Laws. Additionally, my ch	ild is in cor	mpliance with all 1	TRANSFER polic	ies as out	tlined in S	Section 10)4 of the
TAPPS By-Laws. The new school has presented inform	nation reg	arding TAPPS eligi	bility for our re-	view prio	r to signa	ture of th	nis
document. If unsure of compliance, please consult so	chool Athle	tic Director prior f	to signature.				

Parent / Guardian Signature / Date

Student Signature / Date

CERTIFICATION OF NEW SCHOOL

We certify that to the best of our knowledge, no one has offered any inducement to the student or parent to transfer to our school. We certify that the student was not induced by anyone. We reviewed all information and circumstances pertaining to this student's transfer to our school and certify that the TAPPS By-Laws have been upheld. The new school has presented information regarding TAPPS eligibility to the student and parents for review prior to signature of this document.

Head Administrator / Date

Athletic Director / Date

CERTIFICATION AND RELEASE BY PREVIOUS SCHOOL

We certify the following answers to be true and accurate to the best of our knowledge.

	Yes	-	Was this student ever suspended or removed from an athletic program in your school?
2	Yes	_No	Would the student have been prohibited from athletic participation at your school if not transferring?
3	Yes	_No	Is the previous school an alternative school in which the student was placed?
4	Yes	_No	Based on your knowledge, did the student participate on any AAU, club or similar team coached by a
			coach or faculty member at the new school?
5	Yes	_No	Based on your knowledge, did the student participate on any off-season league team coached by a coach
			or faculty member at the new school?
6	Yes	_No	Based on your knowledge, did the student participate in a camp or camps involving the new school or a
			coach or faculty member at the new school?
7	Yes	_No	Based on your knowledge, did the student receive private or group training by a coach or faculty member
			at the new school?
8	Yes	_No	Based on your knowledge did the student receive any offer of inducement, financial or otherwise, to
			attend the new school?

Head Administrator / Date

Athletic Director / Date

For Office Use Only

Date Received by TAPPS: _____

_____ TAPPS Approval Date _____

TAPPS Office 3575 Lone Star Circle, Suite 320 Fort Worth, TX 76177 254-947-9268 info@tapps.biz

TAPPS Representative Signature