

**GEORGIA HIGH SCHOOL ASSOCIATION**

151 South Bethel Street, Thomaston, GA 30286 - 706-647-7473 FAX: 706-647-2638

**TRANSFER STUDENT ELIGIBILITY - FORM B**

(Revised October, 2017)

INSTRUCTIONS: This form may NOT be handwritten, and must be submitted for each student who has transferred to your school in the past twelve months from the date of the student transfer.

WARNING: Falsification of data on this form may result in institutional penalties such as fine and/or forfeitures of contests. It could result in the student being declared ineligible for any competition for a period of up to two years. It also could result in the transmission of a report of the falsification to the Professional Standards Commission if certified personnel were involved in the falsification.

**SECTION A**

DATE OF THE STUDENT TRANSFER \_\_\_\_\_ ACTIVITY \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

\_\_\_\_\_ In-state Transfer \_\_\_\_\_ Out-of-state Transfer \_\_\_\_\_ Approved Foreign Exchange: Program \_\_\_\_\_

(Complete Section A and B Only)

NAME			DATE OF BIRTH			DATE STUDENT ENTERED 9 <sup>TH</sup> GRADE			UNITS EARNED Prev Semester	TOTAL UNITS EARNED	(This Column for GHSA use only) ELIGIBILITY STATUS
LAST	FIRST	MIDDLE	Mo.	Day	Year	Mo.	Day	Year			

Beginning &amp; Ending Dates Attended

Beginning with 9<sup>th</sup> Grade

(Give month, day, year)

Grade

Name of School

Address (City, State)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B - General Transfer Information**Present Home Address: \_\_\_\_\_  
(Street) (City, State) (County)

Service Area for Present Home Address: \_\_\_\_\_

Lives With: \_\_\_\_\_  
(Names) (Relationship)Previous Home Address: \_\_\_\_\_  
(Street) (City, State) (County)

Service Area for Previous Home Address: \_\_\_\_\_

Persons Student Lived with at Previous Address: \_\_\_\_\_  
(Names) (Relationship)

Is the custodial parent a certified teacher, counselor or administrator at the receiving school (Grades 9-12)? \_\_\_\_\_

Was the student suspended or expelled (or facing such penalties) at the former school? (If yes, attach additional information) \_\_\_\_\_

Does the student qualify for a waiver due to a joint custody or a custody change? (If yes, attach court documents, including judge's signature) \_\_\_\_\_

**SECTION C - Family and Residential Information (Complete only if a bona fide move is claimed)****CURRENT RESIDENCE:**

Is the current residence being: \_\_\_\_\_ purchased; \_\_\_\_\_ leased; \_\_\_\_\_ rented?

Do you claim multiple residences? \_\_\_\_\_ If "Yes", do you claim a Homestead Exemption on this residence? \_\_\_\_\_

**PREVIOUS RESIDENCE:**

Have you relinquished your previous residence? \_\_\_\_\_

If "Yes", how was it relinquished? \_\_\_\_\_ rented previously; \_\_\_\_\_ sold residence or have a contract for sale; \_\_\_\_\_ residence listed for sale at fair market value;

\_\_\_\_\_ abandoned the house with unnecessary utilities shut off; \_\_\_\_\_ leased/rented residence at a fair market value.

If "Yes", is the residence being leased/rented to a family member? \_\_\_\_\_. If "Yes", please list that individual and relationship: \_\_\_\_\_.

**VERIFICATION OF THE BONA FIDE MOVE: (Completed by school personnel)**

\_\_\_\_\_ Conducted a site visit - if "Yes", who made the visit ? \_\_\_\_\_

\_\_\_\_\_ Received documentation via utility bill, post office documentation, driver's license, etc. - if "Yes", what document? \_\_\_\_\_ (please upload a copy of document)

(Signed\* - Principal / Asst. Principal / AD)

(Signed\* - Report Preparer)

(Date)

\*By signing this form, I certify that a bona fide move has been made as defined in By-Law 1.62(a) I/We understand that providing false information shall result in a fine, an eligible ruling and the possibility of a report to the Professional Standards Commission.