OWATONNA PUBLIC SCHOOLS – STUDENT TRANSFER INFORMATION

Please complete if you intend on participating in athletics at OHS. Return this completed form to the Activities Dept. immediately.

Student Name: _____ Grade:_____ Age: _____

Current Address, City, State:_____

Telephone (H)_____ (C)_____Family email: _____

School District Attendance Area of current residence:_____

School where student first entered **9th grade**: _____

Date (mm/dd/yy) first entered 9th grade: _____ Date(mm/dd/yy) first entered 7th grade:_____

School where student first entered **7th grade**: _____

AD name at previous school if outside of MN:_____

What sport(s) is the student planning on participating in?_____

Is this student's first transfer? ☐ *Yes* ☐ *No*

If no, Please document the students high school history since first enrolling in 9th grade, starting with the entrance to 9th grade:

	Grade	School	Start Date(mm/dd/yy)	End Date(mm/dd/yy)	Transfer Type
	9				Enter 9th grade
Transfer #1					
Transfer #2					
Transfer #3					

Parent Name(s): _____ Parent Cell:_____

Are the parents of this student Married or Divorced?_____

If Divorced, who has legal custody? (Provide copy of divorce decree)_____

In the event of a Court Ordered Transfer, attach copy of Court Disposition.

If Married, did both parents move at the time of transfer?_____

Family residence change information: Former Address:_____

City/State/Zip Code:_____ Former School:_____District#:_____

Did this student move with the family? ☐ *Yes* ☐ *No* Date of residence change: _____

Transfer and Residence changes require supporting documentation to verify a bona fide move, please include the following with this form upon submission (minimum of 2 of the following documents required)

- Mailing Address of parents/guardians
- Driver's License or Voter registration coinciding with new residence.
- Documentation supporting the sale of your previous home. (Dual Residence is not allowed. Students of families who cannot show supporting documentation of a sale of home will not be eligible.)
- Purchase agreement of new home or official rental agreement.
- Any other reliable evidence of residency that supports this move.

RETURN COMPLETED FORM TO ACTIVITIES DEPARTMENT

Has this student repeated a grade since first enrolling in 7th grade? ☐Yes ☐No

Has this student repeated a grade since first enrolling in 9th grade? ☐Yes ☐No

Has this student graduated or earned a GED from a previous school? ☐Yes ☐No

Does this student have a valid physical on file with the Athletic & Activities Office? ☐Yes ☐No

Is the student fully enrolled in this school as defined by the MN Dept of Ed. (≥50% of classes) ☐Yes ☐No

Has this student participated in more than four seasons in any sport beginning in the 9th grade? ☐Yes ☐No

Was this student in good standing academically in his/her previous school at departure? ☐Yes ☐No

Did this student have any violations in his/her previous school since the start of 9th grade? ☐Yes ☐No

(chemical or Conduct) If yes, explain and include duration of penalty)

Student Eligibility:

Transfer Students are ineligible to compete at the varsity level at Owatonna Public School for 15 calendar days beginning with the first day the student attends practice in the fall or attends classes at the new school. This student is eligible to return to their previous school without a penalty within this 15 day period. Students may elect to waive this grace period below.

MSHSL allows for a one time "penalty free" transfer between legally divorced parents with joint custody.

Students who open enroll to Owatonna will be ineligible for Varsity competition for one year.

Please check one of the following and provide a signature to verify your selection:

- ❑ My child elects to remain ineligible for the 15 day grace period and retains the right to return to the previous school within the grace period.
- ❑ My child elects to waive the 15 day grace period and become eligible immediately, I waive the right to return to the previous school within the 15 day grace period

Student Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date:_____

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For AD office use:

☐ Met with AD, Date: _____ ☐ Eligible for varsity ☐ Ineligible for varsity ☐ STR Sent to former school, Date:_____

☐ STR received from former school, Date:_____ ☐ Transfer processed online, Date:_____ ☐ Appeal needed