WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION
6571 EAST 2ND STREET
CASPER, WYOMING 82609
(307) 577-0614
FAX: (307) 577-0637

RECORD OF TRANSFER

PLEASE COMPLETE ALL AREAS

HIGH SCHOOL _____ LOCATION _____

WHSAA Rule		6.3.0	6.6.0	6.2.0		6.4.0			Student's Varsity Eligibility Status		
NAME(S) (ARRANGE IN ALPHABETICAL ORDER) ENROLLMENT	DATE OF TRANSFER (1)	DATE OF BIRTH	CONSECUTIVE SEMESTERS TOTAL (2)	ACADEM - MICALLY ELIGIBLE?	RECEIVED BY TRANSFER FROM	DID STUDENT PARTICIPATE PREVIOUS 12 MONTHS? IF YES, LIST SPORT(S) (3)	ELIGIBLE AT PREVIOUS SCHOOL? YES OR NO	DID BOTH PARENTS MOVE WITH STUDENT TO ATTENDANCE AREA? (4)	IMMEDIATELY	365 DAYS FROM THE DATE OF ENROLLMENT (INDICATE DATE STUDENT WILL BE ELIGIBLE)	SUCCEED - ING SEMESTER

Signed _____ Date _____
(Superintendent or Principal)

(1) Date transfer student enrolled in your school.
(2) Number of consecutive semesters in school, including current semester. A Fall semester junior would be noted with a 5. (For the purpose of this record, twenty days attendance constitutes a semester).
(3) Please use the following abbrs: basketball-bb, cross country-cc, football-fb, golf-go, gymnastics-gy, indoor track-itr, skiing-sk, soccer-so, swimming-sw, tennis-tn, track-tr, volleyball-vb, wrestling-wr.
(4) If both parents did not move with student, please explain complete situation on back of sheet. Note: LEGAL GUARDIANSHIP ESTABLISHED LESS THAN 12 MONTHS BEFORE A MOVE IS NOT RECOGNIZED.

Reviewed _____