



Student Name: _____ Current School: _____

Grade: 9 10 Student Date of Birth: _____ Age: _____

WIAA Rule 18.11.2.G: Students who wish to transfer to a school without a corresponding change of residence by their family unit and who meets all other conditions of eligibility shall have initial eligibility at the new school only during the Window of Transfer (per school district policy).

Students who access the Window of Transfer may do so one (1) time, only during the natural break between middle school/junior high and high school.

- If the school declares its ninth (9th) graders as junior high athletes, the window of transfer is between the ninth (9th) and tenth (10th) grade years.
- If the school declares its ninth (9th) graders as high school athletes, the window of transfer is between the eighth (8th) and ninth (9th) grade years.

To ensure that Window of Transfer students are and continue to remain athletically eligible they must enter into the following agreement and commit that the following is true:

Student/Family WINDOW OF TRANSFER EXPECTATIONS:

- Yes No – I understand my *ONE TIME* Window of Transfer is being used for the 2020--21 school year
- Yes No – I understand I am choosing to NOT access my Public School of Residence for the majority of my academics.
- Yes No – I understand that I am bound by WIAA Rule 18.11.2.G if my family unit moves or I wish to transfer schools during my high school career.
- Yes No – This is my first year of high school
- Yes No – Have you repeated the 7th grade?
- Yes No – Have you repeated the 8th grade?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**By typing your signature, you acknowledge all of the above information to be valid and true*

School/Athletic Director WINDOW OF TRANSFER EXPECTATIONS:

- Yes No – The student meets all other conditions of eligibility as outlined in WIAA Rule 18.1.0

The student's Resident Public School is: _____

The student is accessing their *ONE TIME* Window of Transfer at: _____
(School) (School District)

Athletic Director Signature: _____ Date: _____

**By typing your signature, you acknowledge all of the above information to be valid and true*