

## Academy of Holy Angels Transfer Student Form

*“No transfer student will be eligible to participate as a member of any Varsity Activity at AHA unless he/she has met the period of ineligibility or has met all transfer requirements and has this form on file in the athletic office and the MSHSL office.”*

*Please return to Carolyn Arnebeck in the Activities Office upon completion. For questions call 612.798.2635*

This checklist must be complete and signed by the parent and student.

- Name of transfer student \_\_\_\_\_
- Address @ time of transfer : Street \_\_\_\_\_ City/Zip \_\_\_\_\_
- Is the family moving? \_\_\_\_\_ New Address/1<sup>st</sup> day at AHA \_\_\_\_\_  
City/Zip \_\_\_\_\_
- Student’s grade in school \_\_\_\_\_ Student’s age \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Has the student repeated any grade from the 7<sup>th</sup> grade and up?    yes    no
- Date Student first entered 9<sup>th</sup> grade \_\_\_\_\_
- School where student first entered 9<sup>th</sup> grade \_\_\_\_\_
- School where student attended 10<sup>th</sup> grade \_\_\_\_\_
- School where student attended 11<sup>th</sup> grade \_\_\_\_\_
- School transferring from \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- Does AHA have copy of the student’s physical:    yes    no
- Was the student in good standing at the time of transfer?    yes    no
- Is the student fully enrolled in AHA?    yes    no
- Has the student participated in fewer than 4 seasons in any sport beginning in 9<sup>th</sup> grade? \_\_\_\_\_  
If yes, what sport? \_\_\_\_\_
- Has the student completed the terminal grade in the previous school in the US or Foreign country or earned a GED? Yes    no
- Has the student repeated a grade?    yes    no
- Has the student completed 8 semesters or eligibility?    yes    no
- Has the student received money (played professionally) in an MSHSL sponsored sport?    yes    no
- **FOREIGN EXCHANGE/INTERNATIONAL STUDENTS**, please identify the student Visa type:    J-1 \_\_\_\_\_  
F-1 \_\_\_\_\_    US students (no visa needed)
- In which activities will the student participate? \_\_\_\_\_
- Did the student receive reduced tuition/scholarship to attend school?    yes    no
- Does AHA have an official transcript?    yes    no
- What date will the student start at AHA? \_\_\_\_\_

**We are giving AHA permission to release the official transcript and information on this form to the Minnesota State High School League.**

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Student)