

REQUEST FOR TRANSFER

This form must be used when requesting student transfers to other CGSAA school's teams. The form must be signed by the principal of the school which the student's attend. Each request must be initialed by the representative of the team school.

Sport (Check One) Soccer Volleyball Basketball

School which students attend _____

	Student			Team			CGSAA Use Only
	Name (Last, First)	Grade	Sex	Team School	Grade	Rep. Initials	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

I certify that all students, within each grade, have been afforded the same opportunity to participate in this sport.

Signature of School Principal
(School students attend)

Date