



TAPPS

Previous Athletic Participation Form PART A



TAPPS CITY / SCHOOL:

STUDENT NAME:

STUDENT GRADE LEVEL

PARENT NAME:

9th 10th 11th 12th

1. Yes No Has the student ever practiced or participated in extracurricular athletic activities at another school? This includes before school, after school and during an athletic period. If the answer is **Yes**, PART B must be completed and both PART A and PART B forwarded to the District Vice President to begin the approval process. If the answer is **No**, then only PART A must be completed and filed with the school only.

2. Yes No Will or was the student 19 prior to **September 1** of the current year.
3. Yes No Did the student **ENROLL** in the 9th grade more than 4 years ago?
4. Yes No Has the student repeated a grade in High School?
5. Yes No Is the student enrolled in at least **4** classes at the present school?
6. Yes No Does the student presently reside with parent(s) (**either birth or adoptive parents**)?
If No to Questions #6, a Student not Living with Parent form must be completed and approved prior to VARSITY participation.
7. Yes No Is the student a citizen of the United States?
If No to Questions #7, a Foreign Student Application must be completed and approved prior to VARSITY participation.
8. Yes No Is the student presently under suspension or ineligible to participate in extracurricular activities at the previous school?

Prior to applying to the new school, has the student, family or representative of the family

9. Yes No Communicated with any coach at the school about ATHLETIC PARTICIPATION?
10. Yes No Communicated with any booster club member or school board member about ATHLETIC PARTICIPATION?
11. Yes No Attended a SPORTS CAMP at this school?
12. Yes No Participated on an AAU, CLUB, or similar team coached or operated by a coach at this school?
13. Yes No Participated in an OFF SEASON League on a team coached or operated by a coach at this school?
14. Yes No Received individual or GROUP INSTRUCTION, paid or unpaid, from any coach at this school?
15. Yes No Been promised a SCHOLARSHIP for ATHLETIC PARTICIPATION from this school or representative of school?
16. Yes No Attended a tryout to determine eligibility for ATHLETIC PARTICIPATION at this school?

17. Yes No Has the student been STATE or NATIONALLY ranked in an EXTRACURRICULAR ATHLETIC ACTIVITY?
18. Yes No Has the student participated on a NATIONAL TEAM in an EXTRACURRICULAR ATHLETIC ACTIVITY?
19. Yes No Has the student received lodging or meals as a result of playing on an AAU, Club, or similar team?
20. Yes No Has the student received a "scholarship" to participate on an AAU, Club or similar team?
21. Yes No Has the student received merchandise or other valuable consideration for participation in an ATHLETIC ACTIVITY?
22. Yes No Has the student been promised payment of expenses or financial aid based on ATHLETIC ACTIVITY at this school?
23. Yes No Has the student been promised college scholarships or placement based on ATHLETIC ACTIVITY at this school?
24. Yes No Has the family agreed to pay individuals future sums for past or present representation in an ATHLETIC ACTIVITY?
25. Yes No Has the student missed extended classroom time to participate in national or international competitions?

By signature below, we attest that the above information is factual, true and correct. We understand that if information is later determined to be incorrect or untrue, the eligibility of the student would be in jeopardy and any contests in which the student participated would be subject to forfeiture by the school.

STUDENT SIGNATURE / DATE:

PARENT SIGNATURE / DATE:



TAPPS

Previous Athletic Participation Form

PART B



STUDENT NAME: _____

STUDENT ADDRESS: _____

PRESENT CITY / SCHOOL: _____

FORMER CITY / SCHOOL: _____

DATE OF 1ST CONTACT WITH SCHOOL: _____

DATE OF ENROLLMENT: _____

DATE OF 1ST ATTENDANCE AT SCHOOL: _____

GRADE LEVEL: 9 10 11 12

DATE OF WITHDRAWL FROM PREVIOUS SCHOOL: _____

CERTIFICATION OF PARENT

We certify that neither my child nor I have been offered nor accepted any inducement based on my child's athletic ability or contribution to an athletic team in accordance with Section 87 of the TAPPS By-Laws. Additionally, my child is in compliance with all TRANSFER policies as outlined in Section 104 of the TAPPS By-Laws. The new school has presented information regarding TAPPS eligibility for our review prior to signature of this document. If unsure of compliance, please consult school Athletic Director prior to signature.

PARENT SIGNATURE / DATE

STUDENT SIGNATURE / DATE

CERTIFICATION OF NEW SCHOOL

We certify that to the best of our knowledge, no one has offered any inducement to the student or parent to transfer to our school. We certify that the student was not induced by anyone for athletic purposes. We reviewed all information and circumstances pertaining to this student's transfer to our school and certify that the TAPPS By-Laws have been upheld. The new school has presented information regarding TAPPS eligibility for review prior to signature of this document.

HEAD ADMINISTRATOR SIGNATURE / DATE

ATHLETIC DIRECTOR SIGNATURE / DATE

CERTIFICATION AND RELEASE BY FORMER SCHOOL

We certify the following answers to be true and accurate to the best of our knowledge.

1. Yes No Was this student ever suspended or removed from an athletic program in your school?
2. Yes No Would the student have been prohibited from athletic participation had they not changed schools?
3. Yes No Is the previous school an alternative school in which the student was placed?
4. Yes No Based on your knowledge, did the student participate on any AAU, club or similar team coached by a coach at the new school?
5. Yes No Based on your knowledge, did the student participate on any off-season league team coached by a coach at the new school?
6. Yes No Based on your knowledge, did the student receive private or group instruction by a coach at the new school?
7. Yes No Was this student induced to attend another school?

HEAD ADMINISTRATOR SIGNATURE / DATE

ATHLETIC DIRECTOR SIGNATURE / DATE

CERTIFICATION OF DISTRICT

The above named student is not eligible for **VARSITY** participation until approved by the District Executive Committee or its representatives. The committee should review both **PART A** and **PART B** of the transfer form prior to approval. All **yes** answers should be reviewed prior to approval.

DISTRICT PRESIDENT SIGNATURE / DATE

DISTRICT VICE PRESIDENT SIGNATURE / DATE

DISTRICT PRESIDENT SCHOOL

DISTRICT VICE PRESIDENT SCHOOL

CLASSIFICATION: 1A 2A 3A 4A 5A DI DII DIII

DISTRICT: 1 2 3 4 5 6 7 8