## SOUTH CAROLINA HIGH SCHOOL LEAGUE SPECIAL FORM A

INSTRUCTIONS: **This form must be typed.** This form will be submitted for each student who has transferred to your school from a non-feeder school in the last calendar year. This form must be approved before the students name can be placed on the Certificate of Eligibility.

Name of Student			Grade		
Address	City			Zip	
Is the above address in your school	's attendance area?	Yes or	No		
Name and address of former schoo	I				
Date student enrolled at your school	l				
Was student eligible to represent th	e former school at tim	ne of transfei	r?		
Number of days in non-member sch	nool prior to enrollmer	nt (if applica	ble)		
Status of former residence (check o	ne) Sold		Renting	Vacant	
Date all family members moved from into attendance area. (Bona fide cha	•				
If no bona fide change of address, s	state how this student	is determine	ed to be elig	ible.	
Status of Parents: Married L	iving Together	Date	Separated	(by court action, need paperwork)	
Never Ma	rried	Single Par	ent	Date Divorced	
Name of person(s) with whom student resides, if other than parent(s)					
		Relatio	nship _		
Do they have legal guardianship pa	pers signed by a judg	je or DSS of	ficial? Ye	s or No	
If yes, please send paperwork with	h transfer form.				
Where do the parent(s) of the stude	nt live?				
What sport(s) does the student wish	n to play?				
If transferring from a non-member s sport (s) has the student played dur			hout a bona	fide change of address, what	
Name of School					
Date	Signed				
Date Signed (Principal Only)					