



Middlesex/Merrimack Valley Leagues'
Waiver Committee

THIS FORM MUST BE FULLY EXECUTED PRIOR TO PARTICIPATION

TRANSFER RULE ~ FORM 200

A. The Receiving School Principal completes this section and then forwards to the Sending School Principal.

1. Receiving Principal _____ School _____ Phone _____
2. Student's Name _____ Grade _____ Date of enrollment _____
Student's Address _____ Date of birth _____
3. The student wishes to participate in the following sports:
Fall: _____
Winter: _____
Spring: _____
4. Student's reason for transfer: _____

B. The Sending School Principal & Athletic Director complete this section & returns to Receiving School Principal.

1. Sending Principal _____ School _____ Phone _____
2. List **ALL** athletic participation since first entering grade 9 (include level of play & school)

	Grade 9	Grade 10	Grade 11	Grade 12
Fall:				
School				
Winter:				
School				
Spring:				
School				

3. The Sending School Principal and Athletic Director certify the following by initialing each:
 - a. To my knowledge, recruitment was not involved in any way: _____
 - b. At the time of transfer, the student was in good standing: _____
 - c. The student would be academically eligible at my school: _____
 - d. We have no knowledge that the transfer was for any reason related to athletics: _____
 - e. The transfer student would be eligible at our school to participate in athletics: _____
 - f. Comments: _____
4. Sending School A.D.'s signature: _____ Date _____
5. Sending School Principal's signature: _____ Date _____

C. APPROVED

1. The Receiving School Principal certifies (ref. B,3, a-e) Transfer Rule eligibility on: ____/____/____
2. The student also is eligible under all other MIAA and local eligibility standards ____yes ____no
3. Receiving School Principal's signature: _____ Date: _____
4. Receiving School A.D.'s signature: _____ Date _____

D. DENIED

1. The Receiving School Principal does not certify(ref. B,3, a-e) Transfer Rule eligibility: ____/____/____
2. Receiving School Principal's signature: _____ Date: _____
3. Receiving School A.D.'s signature: _____ Date _____

DO NOT RETURN THIS FORM TO THE MIAA (unless applying for a waiver) – PLEASE RETAIN AT THE RECEIVING SCHOOL.