

**CANANDAIGUA ACADEMY**  
**ELIGIBILITY VERIFICATION FOR TRANSFER STUDENTS**

STUDENT'S NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

I AM LIVING WITH (CIRCLE ONE): MY PARENTS, A GUARDIAN, ALONE

School the student has transferred from: \_\_\_\_\_

Have you changed your home address within the past 6 months? YES NO Please list all interscholastic sports you have participated in at your former school: (List only those sports in which you have participated during the past calendar year)

| <u>SEASON (F/W/S)</u> | <u>YEAR</u> | <u>SPORT</u> | <u>LEVEL (VAR/JV)</u> |
|-----------------------|-------------|--------------|-----------------------|
|                       |             |              |                       |
|                       |             |              |                       |
|                       |             |              |                       |

Please read the following carefully and sign below: **“The above information regarding my participation in athletics at my former school this past year is accurate and correct.”**

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Date                  Student's Signature                  Date                  Parent's Signature

**ELIGIBILITY CHECK FROM STUDENT'S FORMER SCHOOL:**

Please verify the above information regarding this student who has recently transferred. Check one of the following boxes and please fill in any missing information if necessary.

- \_\_\_\_\_ The information reported by this student is accurate and complete  
 \_\_\_\_\_ Student's home address has not been changed  
 \_\_\_\_\_ The information is not accurate. Please make the following changes:

| <u>SEASON (F/W/S)</u> | <u>YEAR</u> | <u>SPORT</u> | <u>LEVEL (VAR/JV)</u> |
|-----------------------|-------------|--------------|-----------------------|
|                       |             |              |                       |
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Date                  Signature/Athletic Director/Administrator                  School