

**Section IX Athletic Council  
N.Y.S.P.H.S.A.A.**

**N.Y.S.P.H.S.A.A. Section IX Eligibility Committee**

Fred Ahart, Chairman  
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Lou Cioffi	845-534-8009 Ext. 4032

**ELIGIBILITY PROCEDURES**

## Transfer – NYSPHSAA Standard 30

- Your school's guidance department should notify you that there is a new student in the district and fill out the Transfer Student Information form.
- If you are satisfied that the student transferred into the district meeting the criteria in Standard 30a. or that the student did not participate in a particular sport during the one (1) year period immediately preceding his/her transfer (standard 30b.) or that the student meets one of the six exemptions to (b) and that student meets all other Eligibility Standards, you may determine the student is eligible.
- If you determine that the student does not meet the above criteria for Standard 30, you must fill out the Request for Waiver of NYSPHSAA Standard #30 – Transfer. Please mail or fax to Fred Ahart, Chairman.
  1. Upon receipt of this request (page one only) Section IX will grant a waiver of the transfer rule for any student athlete transferring to his/her public school district of residency or a private school within that district's boundaries from any school. The waiver will be granted only one time per athlete.
  2. Upon receipt of this request (page one only) Section IX will grant a waiver of the transfer rule for any student who will play at the JV level only for one year from the date of transfer.
  3. If this form is to request a transfer without penalty based on an undue hardship for the student (Standard 30b. – Note) be sure to attach all three pages and supporting material documenting the undue hardship. The Eligibility Committee will render a decision at the next Section IX meeting.

### REMINDER: TO ALL CONCERNED

The transfer rule is still in effect and without a waiver an athlete for which the rule applies remains ineligible. Schools using ineligible athletes are subject to the forfeit penalty, which cannot be made retroactive. Athletic Directors are urged to set up a system to track all transfer students.

### Duration of Competition Extensions (Standard 8i)

Review NYSPHSAA Standard 8. Duration of Competition.

Review the details with the student and parent(s) and obtain documentation that the pupil's failure to enter competition during one or more seasons of a sport was caused by illness, accident, or similar circumstances beyond the control of the student (Standard 8i). Determine that the student meets other Eligibility Standards (age etc.)

Fill out Duration of Competition Extension Application (Standard 8i) and attach supporting material and documentation. Please mail or fax to Fred Ahart, Chairman. The Eligibility Committee will render a decision at the next Section IX meeting.

TO BE USED BY GUIDANCE OFFICES FOR ALL  
TRANSFERS AND FORWARDED TO  
ATHLETIC DIRECTORS

**TRANSFER STUDENT INFORMATION**

All transfers in grades 9-12 must complete this form. Upon completion, forward to the Athletic Office.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Date of transfer \_\_\_\_\_ Grade level \_\_\_\_\_  
Current Address \_\_\_\_\_  
\_\_\_\_\_

**Date of entrance into the ninth grade** \_\_\_\_\_

Parents' Names \_\_\_\_\_  
Current Address (es) \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
\_\_\_\_\_

How long has student resided at the current address? \_\_\_\_\_

With whom is student residing? \_\_\_\_\_

Relationship of this (these) person(s)? \_\_\_\_\_

Reason for transfer \_\_\_\_\_

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Student's previous address \_\_\_\_\_  
\_\_\_\_\_

How long did student reside at previous address? \_\_\_\_\_

With whom did student reside at previous address? \_\_\_\_\_

Relationship of this (these) person(s)? \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

Previous School Address \_\_\_\_\_  
\_\_\_\_\_

Date of entry into previous school \_\_\_\_\_

Did student participate in interscholastic athletics at previous school?

YES  NO

If Yes, please complete Sport History page.

REQUEST FOR WAIVER OF  
NYSPHSAA ELIGIBILITY STANDARD #30 – TRANSFER

INCOMPLETE OR PARTIAL FORMS WILL NOT BE ACCEPTED

All three pages MUST be completed in order for a request to be considered for transfer public to private or private to private.

Only this page needs to be completed private to public returning to his/her school district of residency.

PAGE ONE TO BE COMPLETED BY STUDENT'S PRESENT SCHOOL

School submitting request \_\_\_\_\_  
Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Date of Transfer \_\_\_\_\_ Grade Level \_\_\_\_\_  
Current Address \_\_\_\_\_  
\_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Current Address(es) \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
How long has student resided at the current address? \_\_\_\_\_  
With whom is student residing? \_\_\_\_\_  
Relationship of this (these) person(s) \_\_\_\_\_  
Reason for transfer \_\_\_\_\_  
(Attach supporting material and documentation.)  
Previous School/Address \_\_\_\_\_

TO BE SIGNED BY SCHOOL ADMINISTRATORS OF SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED AFTER RECEIPT OF PAGES TWO AND THREE FROM THE SCHOOL STUDENT PREVIOUSLY ATTENDED:

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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APPROVED Signature \_\_\_\_\_ Date \_\_\_\_\_

DISAPPROVED Fred Ahart  
Section IX Eligibility Chairperson

REFERRED TO ELIGIBILITY COMMITTEE

PAGE TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED AND RETURNED TO STUDENT'S PRESENT SCHOOL

Name of Student \_\_\_\_\_

Name of School Student Attended Prior to Transfer \_\_\_\_\_

Address of School \_\_\_\_\_  
\_\_\_\_\_

Date of entrance to this school \_\_\_\_\_

Date of entrance into the ninth grade \_\_\_\_\_

Date of withdrawal from this school \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's address while attending the above school \_\_\_\_\_  
\_\_\_\_\_

With whom did student reside at this address? \_\_\_\_\_

Relationship of this (these) person(s)? \_\_\_\_\_

Did student participate in interscholastic athletics at previous school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please complete Sport History page three.

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The undersigned have no knowledge that the student named herein has transferred to his/her present school with inducement, recruitment or having sought an athletic advantage.

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

If unsigned, please state reason(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAGE THREE**  
**TRANSFER STUDENT SPORT HISTORY**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**School**

	<b><u>YEAR</u></b>	<b><u>SPORT</u></b>	<b><u>LEVEL</u></b>	<b><u>SCHOOL</u></b>
9 <sup>th</sup> Grade	_____	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
10 <sup>th</sup> Grade	_____	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
11 <sup>th</sup> Grade	_____	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
12 <sup>th</sup> Grade	_____	_____	_____	_____
		_____	_____	_____
		_____	_____	_____

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

NEW YORK STATE PUBLIC HIGH SCHOOL  
ATHLETIC ASSOCIATION, INC.

SECTION NINE  
DURATION OF COMPETITION  
EXTENSION APPLICATION (Standard 8i)  
TO BE FORWARDED TO ELIGIBILITY COMMITTEE

I. Personal Data

Pupil Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
School Telephone #: \_\_\_\_\_  
Seasons and Sports Requested: \_\_\_\_\_  
Pupil's Athletic History:

Sport	No. of Seasons Participated	School Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Date of Entry (Beginning of Sport Participation in High School Level of Competition). Attach Transcript

A. Date of entry into ninth grade: \_\_\_\_\_  
Month Day Year

B. Date of entry into eighth grade: \_\_\_\_\_  
Month Day Year

C. Date of entry into seventh grade: \_\_\_\_\_  
Month Day Year

III. Reason for Request for Extension

Describe the reason for requesting an extension for duration of Competition as it relates to the appropriate circumstance. You may attach supporting documents.

A. Illness:  
\_\_\_\_\_  
\_\_\_\_\_

B. Accident:  
\_\_\_\_\_  
\_\_\_\_\_

C. Other Circumstances:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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APPROVED Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Fred Ahart, Eligibility Chairperson

DISAPPROVED

