NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION
TRANSFER ELIGIBILITY FORM

This form must be typed or completed in the pdf format and faxed to the NIAA office 775 453-1016.

All students in grades 9-12 who transfer from one school to another school must complete and submit this form to the NIAA to obtain athletic eligibility.

Name of Student: _____

Grade: _____ Gender _____ Student #: _____

Sport(s) Participated in: (previous school)
_____ / _____ _____ / _____
Sport (Fall) Level Sport (Winter) Level

_____ / _____
Sport (Spring) Level

New School: _____ Date of Enrollment _____

Former School: _____

_____
City State Zip Code

_____ _____
Phone Number Fax Number

Student's Current Address: _____
Street

_____
City State Zip Code

Student's Former Address: _____
Street

_____
City State Zip Code

Status of previous residence? _____ Sold _____ Leased _____ Vacant _____ Still Own (Explanation required)

We, the undersigned, certify that our son / daughter is in compliance with the transfer and admission policies of the NIAA. He / she is not changing schools for athletic purposes and was not recruited. We understand that any false or incorrect information may result in ineligibility and could result in the forfeiture of any contests in which he / she was a participant. We understand that all legal guardianships must comply with NAC 386.785. Legal guardianships must be approved by appropriate district personnel prior to review by the NIAA Executive Director.

_____ _____ _____
Print Parent Name Parent's Signature Date

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FORMER SCHOOL CERTIFICATION AND RELEASE:

Former School: _____

Yes	No	
_____	_____	1. Was there any conflict or dissatisfaction between the student, parents, and/or the coach at the school?
_____	_____	2. Was this student recruited to attend another school or was any undue influence exerted upon this student or family to change schools?
_____	_____	3. Did this student quit an athletic activity while enrolled in your school?
_____	_____	4. Was this student ever suspended or removed from your school's athletic program?
_____	_____	5. Would this student be prohibited from participation in athletics had he/she not changed schools?
_____	_____	6. Based on your knowledge of the student, is this student changing schools for athletic purposes?

Note: ***All YES responses require a written explanation to be submitted to the appropriate district athletic office or to the Executive Director of the NIAA.***

_____ _____
Principal/Athletic Administrator's Signature Date

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I certify the aforementioned student is:

Approved _____ **Denied** _____

Approved _____ **Denied** _____

_____
Appropriate District Athletic Office

_____
Eddie Bonine, NIAA Executive Director

Revised 8/2012

This form must be sent to the NIAA with the Clearance Form and a copy of student's information page (name, address, parent(s) name, etc..)