



LOSSA (b) TRANSFER CONFIRMATION FORM

Form to be completed by the Physical Education Head at the former school.
To be sent with any category (b) transfer appeal.

Name of Student: (print) _____ Date: _____

Present School: _____ Date of Entry: _____

Former School: _____ Telephone #: _____

ATHLETIC PARTICIPATION

✓ PLEASE INDICATE THE SPORTS THAT THE STUDENT PARTICIPATED IN DURING THE TWELVE MONTHS PRIOR TO TRANSFER FROM YOUR SCHOOL

- | | | |
|---|--|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf (Match Play) | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rugby | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> X-Country | <input type="checkbox"/> Skiing (Alpine) | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Skiing (Nordic) | <input type="checkbox"/> No sports |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | _____ |
| <input type="checkbox"/> Golf (Stroke Play) | <input type="checkbox"/> Swimming | |

Student's Signature: _____

Present Dept. Head's Name: (print) _____

Present Dept. Head's Signature: _____

Former Dept. Head's Name: (print) _____

Former Dept. Head's Signature: _____