**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
* Badminton
* Baseball
* Basketball
* Bowling
* X-Country
* Curling
* Field Hockey
* Football
* Golf (Stroke Play)
* Golf (Match Play)
* Hockey
* Lacrosse
* Rugby
* Skiing (Alpine)
* Skiing (Nordic)
* Soccer
* Softball
* Swimming
* Tennis
* Track & Field
* Ultimate
* Volleyball
* Wrestling
* Gymnastics
* **No sports**
* Other (please specify)  
  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_