

APPENDIX W

MPA TRANSFER WAIVER APPROVAL FORM

This form is to be processed when a student transfers from one school to another without a corresponding change of legal residence of both the student and parent/guardian and wishes to participate in interscholastic athletics within one year of the transfer (MPA By-Laws, Article III, Section 4). The process and responsibilities are as follows:

1. Either **PRINCIPAL** may initiate the process. The second **PRINCIPAL** shall sign the form, if in agreement, and forward it to the MPA Executive Director for approval.
2. The transferring student is eligible the day this form is approved by the MPA Executive Director, provided that it is prior to the start of the sports season.

I hereby certify that _____ has transferred from
(please print name of student, first and last)

_____, located in _____, _____.
(Name of Sending School) (State) (Country)

He/she has transferred to _____, and will be entering
(Name of Receiving School)

grade _____ as of _____ and to the best of my
(9, 10, 11, or 12) (Date of Enrollment – month, day, year)

knowledge the student has not transferred primarily for athletic purposes (see MPA By-Laws, Article III, Section 4, Subsection A, Paragraph 3).

By signing this form as the sending principal, I agree that to my knowledge the student has not transferred primarily for athletic purposes.

Sending Principal's Signature: _____ **Date:** _____

By signing this form as the receiving principal, I agree that to my knowledge the student has not transferred primarily for athletic purposes.

Receiving Principal's Signature: _____ **Date:** _____

**WHEN COMPLETED, PLEASE SEND THIS FORM TO THE MPA
(FAX - 207-622-1513 OR E-MAIL mpa@mpa.cc)**

*****FOR MPA USE ONLY*****

This request for a waiver of the Transfer Rule is:

_____**Granted By:** MPA Executive Director _____ **Date:** _____

_____**Referred to the Eligibility Committee:** _____ **Granted** _____ **Denied** _____ **Date:** _____

Notification emailed to receiving school on: _____