

**TVRA / WOSSAA ELIGIBILITY FORM - PART I**

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_  
 SPORT \_\_\_\_\_ DIVISION \_\_\_\_\_

NAME	AGE JAN.1 (CURRENT SCHOOL YR)	DOB	YEARS SINCE STARTING GRADE 9	SCHOOLS ATTENDED IN LAST 12 MONTHS

**COMPLETE PART II FOR APPROVED TRANSFER STUDENTS. ALL STUDENTS LISTED MEET ALL TVRA AND WOSSAA ELIGIBILITY REQUIREMENTS AND ACCEPT THE CODE OF BEHAVIOUR.**

**SIGNATURES: COACH** \_\_\_\_\_  
**ATHLETIC DIR** \_\_\_\_\_  
**PRINCIPAL** \_\_\_\_\_

# TVRA / WOSSAA ELIGIBILITY FORM - PART II

TRANSFER STUDENT NAME	PREVIOUS SCHOOL	TRANSFER DATE	APPROVAL DATE	SECTION APPROVED UNDER

**NOTE: ALL TRANSFER STUDENTS MUST APPLY FOR ELIGIBILITY**

**SIGNATURES:**

**COACH** \_\_\_\_\_  
**ATHLETIC DIRECTOR** \_\_\_\_\_  
**PRINCIPAL** \_\_\_\_\_