



Student Transfer Report

Hillcrest Lutheran Academy
610 Hillcrest Drive
Fergus Falls, MN 56537
Fax: 218-739-3372



Date: _____

To: _____, A. D. at Hillcrest Lutheran Academy
Receiving School

From: _____, A. D. at _____
Sending School

Re: _____
Transfer Student's Name

_____ has indicated that he/she is transferring to Hillcrest Lutheran Academy.
Transfer Student's First & Last Name Receiving School

_____ Date Student first entered 9th grade _____ Name of school where student entered 9th grade

Following is an overview of the eligibility status:

- Student is eligible for all levels of competition at time of withdrawal.
- Student is NOT eligible due to violations or transfer rule (see below)
- Student has participated on a Varsity, Jr. varsity or B-team (sophomore team)

If the student is not eligible, please check all of the following that apply:

- Academic progress
- Age
- Amateur violation
- Camp/clinic violation
- Drinking/smoking/chemical violation
- Student Code of Responsibilities (Bylaw 206)
- Non-school competition violation
- Racial, religious, sexual harassment/violence or hazing violation
- Transfer
- Other (please describe)

_____ has _____ of his/her penalty remaining at the time of withdrawal.
Transfer Student's First & Last Name (number of days/weeks/games)

(Please describe) _____

_____ has previous MSHSL violations and has served the penalty: 1. _____
Student's name Violation

The information above is accurate to the best of my ability. 2. _____
Violation

3. _____
Violation

Signature

Date