	ELIGIB	LE/I	NELI	GIBL	ı
Fligibi	lity Date				

~TRANSFFR	CTLIDENT	A DDI	ICATION.
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This form must be **ENTIRELY COMPLETED** by all students who are transferring to Cooper High School. No transfer student will be eligible to participate as a member of any varsity team unless he/she has met the period of ineligibility or has met all transfer requirements and has this transfer approved by the Minnesota State High School League office. **PLEASE PRINT**

First a	nd Last Name:					
Current Grade in School: Current Age:		Date	Date of Birth:			
Schoo	I where you entere	ed Grade 7:	-	Date you ent	ered Grade 7(MI	//DD/YY):
Schoo	I where you entere	ed Grade 9:		Date you ent	ered Grade 9 (M	M/DD/YY):
			chool:			
List th			have attended Grade		Stort Data	End Data
Grade	School Name IMPORTANT! If not in Minnesota, we must school's information. Use back side.			Start Date MM/DD/YY	End Date MM/DD/YY	
7						
8						
9						
10						
11						
12						
Which	activity(s) will you	ı participate in: _				
(By lav			below applies to you Several means by wh		ransfer from one	eschool
	Entering High Sch	ool for the first ti	me			
	_	-	cy by the student's pa			
	rt disposition ord		a child protection ord side ***	aer, placement in a	roster nome, or	a juveniie
	Open enrollment/	•	•		_ ,	
	Foreign Exchange International Stude	•	proved program V roved program	ISA TYPE: J-1	F-1	
Are yo	u under 20 years c	of age: Yes	No			
Are yo	u currently enrolle	ed at Cooper High	School: Yes	No		
Have y	ou played 4 seaso	ons on any varsity	/ team beginning witl	h 9 th grade		No
If yes i	dentify the sport(s	s) in which you pa	articipated 4 seasons	or more		
Have y	ou received a dipl	oma or GED from	any high school in t	he U.S. or foreign o	country: Y	'es No
Have y	ou ever repeated a	a grade level:	_Yes No I	f yes, which grade	?	
Have y	ou received mone	y (played profess	sionally) in a MSHSL-	sponsored sport:	Yes No	o
Have y			holarship to attend s uition/scholarship			-
FOREI	GN EXCHANGE/IN	TERNATIONAL S	STUDENTS: Name of	Exchange Program	:	

If you have moved residences at any time from $7^{th} - 12^{th}$ grade, please write the addresses and the dates (month, day, and year) of residency below. Also indicate the relationship of who you lived with (parents, mother, father, etc.).

Grade	Dates of residence (MM/DD/YY - MM/DD/YY)	Address	Reside with:
7			
		City, State, Zip	
8			
		City, State, Zip	1
9			
		City, State, Zip	1
10			
		City, State, Zip	
11			
		City, State, Zip	
12			
		City, State, Zip	

Out of state school information:

This information must be provided for the student to participate at a varsity level at Cooper. In accordance with the Minnesota State High School League, we must contact the previous school and provide the MSHSL with contact and eligibility information.

Name of school:					
Address:	City:		State:	Zip	
Phone:	Fax:				
Athletic Director Name:		_ Phone: _			
E-mail:		Fax	(: 		