



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070

503.682.6722 FAX 503.682.0960 <http://www.osaa.org>

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Student Intent to Transfer Certificate

NOTE: This form, or its substantial equivalent, must be completed and a copy maintained at the receiving school for inspection at the request of the OSAA prior to the student's affiliation with the school to which the student is transferring. See Rule 8.6.5, "Transfers to a school with affiliation" outlined on the back of this document.

Name of Student ISAAC ACOSTA Birth Date 10 / 18 / 99
Name of Parents and Address of Joint Residence Mr. FREDDIE & SANDRA ACOSTA/CASILLAS
2074 NE 171
PORTLAND OR. 97233
School Currently Attending CENTENNIAL H.S. City PORTLAND
School to Which Transferring REYNOLDS H.S. City GRESHAM
Intended Transfer Date START OF 2015 - 2016 SCHOOL YEAR

CERTIFICATION BY PARENT AND STUDENT

Under penalty of perjury, I affirm that no coach, parent, administrator, teacher or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation. I also affirm that there has been no prior affiliation with the school to which the said student is transferring.

Parent Signature

J. Casillas

5-28-15

Date

Student Signature

Isaac Acosta

5-28-15

Date

CERTIFICATION BY ADMINISTRATOR OF SCHOOL CURRENTLY ATTENDING

I affirm that I am aware of the above student's intent to transfer and the specifics of that transfer stated above.

Signature

J. Casillas

5-28-15

Date

Administrator

Signature

Ch

5/29/2015

Date

Administrator