



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 Olivia Watts Birth Date 9, 10, 97

Name of Parents and Address of Joint Residence Carrie Watts Month / Day / Year

13633 Shad Bush

Black Butte Ranch, OR 97759

School Currently Attending O'Neill High School City Highland Falls, NY

School to Which Transferring Sisters High School City Sisters, OR

Intended Transfer Date 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

Carrie Watts

7/25/15

Student Signature

Olivia Watts

7/25/15

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

Tom Smith
Administrator

Date

CERTIFICATION BY ADMINISTRATOR OF SCHOOL TO WHICH TRANSFERRING

I affirm that I am aware of the above student's intent to transfer and the specifics of that transfer stated above. I also affirm that there has been no affiliation, as stated in OSAA Rule 8.6.5, prior to the signing of this certificate by all parties above.

Signature

Tom Miller
Administrator

Date