

FROM :

FAX NO. :

Aug. 25 2015 02:45PM P2



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
503.682.6722 FAX 503.682.0960 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 OSAA Rule 8.5.5 outlined on the back of this document.

Name of Student Tiki McCollum Birth Date 04 / 14 / 1998
Month / Day / Year
Name of Parents and Address of Joint Residence KC & SHELLEY STEWART
202 NW 8TH CT.
HILLSBORO, OR 97124
School Currently Attending _____ City _____
School to Which Transferring Glencoe City Hillsboro
Intended Transfer Date Aug 25th

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 Kenneth C. Stewart Aug. 25th, 2015
Student Signature Tiki McCollum Aug 25th

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 A. K. Chi 8/25/15
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 8.5.5, prior to the signing of this certificate by all parties above.

Signature [Signature] 8/25/15
Administrator Date