

Coby Jacobson



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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## Eligible Student Transfer Certificate

NOTE: This form must be completed and a copy maintained at the school for inspection at the request of the OSAA prior to participation by the student listed below in any interscholastic contest.

Name of School Sprague High School City Salem

Name of Student Coby Wayne B. Jacobson Birth Date 8 / 9 / 98  
Month / Day / Year

Name of parents and address of joint residence David & Kathy Jacobson  
1182 Rock Creek Dr S.  
Salem, OR 97306

Student's Place of Birth Phoenix, AZ Student's Age 17

### ACADEMIC HISTORY

Date of first enrollment in high school or registration in home school 9/2013

If home school student, date and score of last test \_\_\_\_\_

School from which transferring Canby High School Dates Attended 11/2014 - 11/2015

Last date that student attended classes, games or practices at school from which transferring \_\_\_\_\_

If transferring between school districts under terms of a Reciprocal Transfer Agreement, mark here: \_\_\_\_\_

Attach documentation to support the fact that the transfer has been approved by both the sending and receiving school districts.

Date(s) of enrollment and name(s) of any other high school(s) attended:

Freshman Year West Salem High School

Sophomore Year Canby High School - PARROT CREEK RANCH

Junior Year Canby High School Hill View - PARROT CREEK RANCH

Senior Year \_\_\_\_\_

Does the student satisfy the OSAA academic eligibility requirements (Rule 8.1) by:

Being enrolled full time during the last grading period? YES NO (Circle One)

Attending regularly during the last grading period? YES NO (Circle One)

### CERTIFICATION BY SUPERINTENDENT OR PRINCIPAL

I certify that I have investigated the data herein contained and, to the best of my knowledge and belief, this student is eligible under OSAA rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent or Principal

### CERTIFICATION BY PARENT

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.

Signature Kathy Jacobson Date 12/10/15  
Parent