



Oregon School Activities Association  
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070  
503.682.6722 FAX 503.682.0960 <http://www.osaa.org>

Page 1 of 2

## 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 8.6.5, "Transfer of a Student with Affiliation" outlined on the back of this document.

Name of Student Elia Ortega-Scott Birth Date 2 / 5 / 2000  
Month / Day / Year

Name of Parents and Address of Joint Residence \_\_\_\_\_  
\_\_\_\_\_

School Currently Attending Sorvick High School City Anchorage, Alaska

School to Which Transferring McMinnville High School City McMinnville, Oregon

Intended Transfer Date 1-4-2016

### 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 \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ 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 *Julia L. L...* 3/4/16  
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 *[Signature]* 3-6-16  
Administrator Date



## 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 Elia Ortega-Scott Birth Date 2 / 5 / 2000  
Month / Day / Year

Name of Parents and Address of Joint Residence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Currently Attending Service High School City Anchorage, Alaska

School to Which Transferring McMinnville High School City McMinnville, Oregon

Intended Transfer Date 1-4-2016

### 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 \_\_\_\_\_ Date \_\_\_\_\_

Student Signature Ed Ortega \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_  
Administrator

### 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 \_\_\_\_\_ Date \_\_\_\_\_  
Administrator