



Athletic Intent to Transfer Form (Grades 7-12 ONLY)

Student Name: _____ Date of HF Registration: _____

Grade Entering: _____ Male / Female / Non Binary: _____ Date of Birth: _____

HF Registered Address: _____

With whom is the student currently living with: _____

Parent/Legal Guardian(s): _____ Primary Telephone: _____

Do you intend to participate in athletics at Hudson Falls? YES NO

If YES, Please Provide Prior Athletic Information

Previous School: _____

Previous Home Address: _____

With whom did the student live with: _____

Reason for leaving previous school: _____

Sports played in previous school (please indicate level as Modified, JV or Varsity and year played

Sport: _____ Level(s): _____ Year(s): _____

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Were you subject to the Athletic Placement Process (APP) as 7th or 8th grader: YES or NO

Academic Information

Year entered 9th Grade (if applicable): _____