



LOSSA (b) TRANSFER CONFIRMATION FORM

This form is to be completed by the Physical Education Department Head/Athletic Director at the former school.

Completed form is to be sent with any category (b) transfer appeal.

Name of Student: (print) _____ Date: _____

Present School: _____ Date of Entry: _____

Former School: _____ Telephone #: _____

ATHLETIC PARTICIPATION

✓ PLEASE INDICATE THE SPORTS THAT THE STUDENT PARTICIPATED IN DURING THE TWELVE MONTHS PRIOR TO TRANSFER FROM YOUR SCHOOL

- | | | |
|---|--|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf (Match Play) | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Ultimate |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rugby | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> X-Country | <input type="checkbox"/> Skiing (Alpine) | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Skiing (Nordic) | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> No sports |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Golf (Stroke Play) | <input type="checkbox"/> Swimming | _____ |

Important notes as per the OFSAA Transfer Policy:

1. The word "participate" in section (b) of the OFSAA Transfer Policy means competing for your school in that activity. This includes exhibition games and invitational tournaments/events, not just league play.
2. Prep/elite teams fall into two categories: **a school based prep/elite team** and **a non-school based prep/elite team**. A school prep/elite team is a team that represents the school in any competition and/or is under the oversight of the school administration.

To the best of my knowledge the above information is accurate. Any transfer document with falsified information will deem the student ineligible for twenty-four (24) months from the date of school transfer as per the OFSAA Transfer Policy.

Student's Signature: _____

Present Physical Education Depart. Head/Athletic Director Name: (print) _____

Present Physical Education Depart. Head/Athletic Director Signature: _____

Former Physical Education Depart. Head/Athletic Director Name: (print) _____

Former Physical Education Depart. Head/Athletic Director Signature: _____

Former Dept. Head/Athletic Director - Please provide the following contact information should the LOSSA Executive need to contact you:

Phone Number: _____

Email: _____