

Columbia Basin Youth Football
 5426 N Rd 68 Suite D #256
 Pasco WA 99301
www.cbyf.football 360-921-8875

TRANSFER REQUEST

All transfer request forms should be submitted to TransferRequest@CBYF.football. Until notified by Columbia Basin Youth Football administration, the athlete should remain enrolled in their current program.

Parent/Guardian notification of approved or denied applications to transfer will be made within 30 days of the application.

Student Legal Name _____ Birthdate _____ Grade _____	
Parent/Guardian Name _____	
Present Address _____ City _____ Zip _____	# of Years at address _____
Former Address _____ City _____ Zip _____	# of Years at address _____
Home Phone _____ Work Phone _____	Cell Phone _____
Requesting transfer to: Junior Program _____ for Year _____	
School Currently Attending _____ Current Grade _____	
Boundary School District _____ Boundary School Name _____	

Reasons for transfer request:	
<input type="checkbox"/> Elementary Daycare (Attach Daycare Provider Verification for K-5) <input type="checkbox"/> Sibling enrolled at requested school last year Sibling Name: _____ Grade Level: _____	
<input type="checkbox"/> Renewal Request as student attended requested school last year <input type="checkbox"/> Recently moved and would like to have student remain in previous school district enrolled in <input type="checkbox"/> Other: _____	

It is understood that I, as a parent/guardian, must assume responsibility for attendance and adequate transportation and supervision to and from practices and other scheduled team activities.

Date _____ Parent/Guardian Signature _____

RELEASING JUNIOR PROGRAM AGREEMENT TO WAIVE ATTENDANCE	
Junior Program _____	
Having examined the facts as stated above, I hereby agree to waive athlete.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____	
President Name _____	President Signature _____ Date _____

RECEIVING JUNIOR PROGRAM AGREEMENT TO ACCEPT STUDENT	
Junior Program _____	
I hereby agree to accept the athlete for the school year stated above in the signed Releasing School Agreement.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied due to: <input type="checkbox"/> No Space Available <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Discipline <input type="checkbox"/> Other _____	
President Name _____	President Signature _____ Date _____

