



STUDENT TRANSFER WAIVER FORM

Date: _____

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Policy 6145.2.

_____ Parish/School requests a player's waiver in the name of the following student athlete: _____, who entered the school/religious education program for the _____ school year.

This section to be completed by the parent- - - - -

The transfer to the new school/religious education program was for the following reason:

PARENT SIGNATURE: _____ DATE: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This section to be completed by parish/school personnel- - - - -

We support this request to allow for an athletic waiver.

Table with 2 columns: School/Parish Transferred From, School/Parish Transferred To. Rows include PASTOR, PRINCIPAL / DRE, ATHLETIC DIRECTOR, and LEAGUE DIRECTOR.

This form is to be sent to: Archdiocese of Milwaukee Office for Schools via school@archmil.org.