



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:
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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.

School/Parish Transferred From:

School/Parish Transferred To:

PASTOR:	PASTOR:
PRINCIPAL / DRE:	PRINCIPAL / DRE:
ATHLETIC DIRECTOR:	ATHLETIC DIRECTOR:
LEAGUE DIRECTOR:	LEAGUE DIRECTOR:

This form is to be sent to:

Archdiocese of Milwaukee Department of Catholic Schools Services via schools@archmil.org.