

## **REQUEST TO PLAY FOR ANOTHER SCHOOL**

Completed forms must be forwarded to the PEISAA office no later than 1 month prior to the start of the season for the sport you are applying for. Approval will only be granted if a school has space on a team. If approved, the PEISAA will determine which school the student may play with.

\*This section to be filled out and signed by the Student's school.

Student's Name:	Grade: _		
Student's School:			
Sport:			
Does your school offer a program for the s	port in question?		
Give a brief history of the sport in question	at your school:		
Parent/Guardian	Principal ——	Athletic Director	
*This section to be filled out and signed by	the school the student is place	d on by PEISAA.	
School Student has been approved to play	for:		
How many students does this team curren			
Will all players from your school who want	to participate be able to play?	(Yes\No)	
Dringing			
Principal	Athle	Athletic Director	
Date Received by PEISAA:			
Approved by PEISAA:			
School Sport Coordi			