Form
6145.5(h)

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.

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:
Associate Superintendent, Archdiocese of Milwaukee, PO Box 070912, Milwaukee, WI 53207