



Student Transfer Waiver Form

Date _____

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Regulation 6145.2(30).

_____ 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

This section to be completed by parish/school personnel:

We support this request to allow for an athletic waiver.

_____ Pastor

_____ Principal

_____ Athletic Director

This form is to be sent to:

Brenda White, Archdiocese of Milwaukee, P.O. Box 3087, Milwaukee, WI 53201-3087