

Previous Athletic Participation Form (PAPF)



Student Name:											
Student Address:											
New School:											
Previous School:											
Grades attended at p	previous school: 9	10	11	12	Grade at	new school:	9	10	11	12	
Date of acceptance a	t the new school?										
Date of withdrawal f	rom the previous scl	hool?									
Date of first attenda	nce at the new school	ol?									
We certify that neith Section 87 of the TAF TAPPS By-Laws. The I document. If unsure	PPS By-Laws. Additionnew school has prese	nally, my cl ented infor	ered no nild is in mation	or accepte n complia regardin	nce with all g TAPPS elig	TRANSFER po ibility for our	licies as ou	ıtlined ir	Section	104 of the	
Parent / Guardian Signature / Date						Stu	Student Signature / Date				
We certify that to the We certify that the st transfer to our schoo TAPPS eligibility to th	udent was not induc I and certify that the	dge, no one ed by anyo TAPPS By-	e has o one. W Laws h	ffered and e reviewe ave been	ed all inform upheld. The	nt to the stude ation and circ new school h	umstances	s pertain	ing to th	is student's	
Head Administrator / Date						At	Athletic Director / Date				
	CI	ERTIFICATI	ON AN	ID RELEAS	SE BY PREVIO	OUS SCHOOL					
We certify the follow	ing answers to be tru	ie and acci	urate to	o the best	of our knov	vledge.					
1YesNo 2YesNo 3YesNo 4YesNo 5YesNo 6YesNo 7YesNo 8YesNo	or faculty member a Based on your know coach or faculty men Based on your know at the new school?	nave been ol an alter vledge, did mber at th vledge, did it the new vledge, did mber at th vledge, did vledge, did vledge did	prohib native: the stu e new: the stu school the stu e new: the stu	ited from school in udent par school? udent par? udent par school? udent rec	athletic par which the st ticipate on a ticipate on a ticipate in a eive private	ticipation at y udent was pla ny AAU, club ny off-season camp or camp or group train	our school uced? or similar t league tea os involving ing by a co	if not to team coac am coac g the ne pach or f	ached by hed by a w school aculty m	coach or a ember	
Head Administrator / Date						Athlet	ic Direct	or / Date			
For Office Use Only		Date Re	ceived	by TAPPS	S:	TA	PPS Appro	oval Date	e		
TAPPS Office 3575 Lone Star Circle, Suite 414 Fort Worth, TX 76177						ТАР	PS Repr	esentativ	ve Signature		

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