

AHSAA BONA FIDE CHANGE OF RESIDENCE FORM

To be completed by Principal and returned to the eligibility coordinator at the AASHA office before an official ruling will be issued.

School: _____ Class: _____

Principal: _____ School's 1st Day of Classes: _____

Email Address: _____

GENERAL INFORMATION

Name of Student(s): _____

Current Grade: _____ Date of Birth: _____ Last Four Digits of SSN: _____ Gender (Circle) Male Female

Sport(s) To Be Played: _____

Enrollment Date: _____

Parents' Names: _____

Marital Status: (Circle One) Married Divorced Legally Separated Never Married Other

Student Residing With: (Circle One) Mother Father Both Other

PRESENT RESIDENCE

Parents' Address in Your School Attendance zone: _____

Home Telephone: _____

Cell Phone If Applicable: _____

Residence Status (Circle One) Buying Renting Lease/Purchase Other

If Renting/Leasing

Owner's Name: _____

Address: _____

Telephone No.: _____

Length of Lease Agreement: _____

Name Utilities Account Is In: _____

Connection Date of Utilities: _____

Utilities Provided By: _____

Telephone in the Name of: _____

Telephone Connection Date: _____

Mailing Address Change: No Yes

Date Move Completed: _____

Do all principal members of the family reside in the new place of residence? _____

FORMER RESIDENCE/SCHOOL

School Transferring From: _____

Length of Attendance: _____

Withdrawal Date: _____

Did Student Participate in any Interscholastic Athletic Contest in Any Sport in This School? Yes No

Address of Former Residence: _____

Status of Former Residence (Circle One) Sold For Sale For Rent/Lease Other

If None of the Above Applies:

Name of Person Presently Residing in Residence: _____

Relation to Parents, if any: _____

Telephone No: _____

Date Completely Vacated: _____

Was all the household furniture of the family moved into an unoccupied house or apartment? Yes No

Is the original residence closed, rented or disposed of and not used by the family? Yes No

Have you or a school representative visited the former residence? Yes No

Have you or a school representative visited the present residence? Yes No

To the best of my knowledge, I certify that the information on this official form and all the attachments to be true and accurate and that this student meets all other Eligibility requirements.

Parent's Signature _____ Date _____

Principal's Signature _____ Date _____

TO ENROLL IN THE AUTAUGA COUNTY PUBLIC SCHOOLS, A STUDENT MUST ATTEND SCHOOL IN THE SCHOOL ZONE IN WHICH THE PARENTS/LEGAL GUARDIANS RESIDE. STUDENTS AND THEIR FAMILIES MUST MAKE A PERMANENT MOVE AND RESIDE IN THE SCHOOL DISTRICT WHERE THE STUDENT WILL ATTEND SCHOOL. THE STUDENT MUST BE A PERMANENT RESIDENT OF THE SCHOOL ZONE IN ORDER FOR A STUDENT TO PARTICIPATE IN ANY SPORT. THE STUDENT AND HIS/HER FAMILY MUST MAKE A BONA FIDE MOVE, AS DEFINED BY THE ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION, TO THE SCHOOL ZONE. THIS FORM MUST BE COMPLETED AND SIGNED IN ORDER FOR THE STUDENT TO BE CONSIDERED FOR PARTICIPATION IN ANY SPORT.

I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL RESULT IN THE STUDENT BEING DISENROLLED FROM PRATTVILLE HIGH SCHOOL AND DECLARED "INELIGIBLE" TO PARTICIPATE IN ATHLETICS.

Signature of Parent/Guardian Completing the Bona Fide Change of Residence

State of: _____, County of: _____

I, _____ a Notary Public for said county and state do hereby certify that _____ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this _____ day of _____, 2_____

Signature of Notary Seal _____