



WELCOME TO BENZIE COUNTY CENTRAL SCHOOLS!

WE ARE HAPPY YOU CHOSE OUR SCHOOL.

STUDENT ENROLLMENT PROCESS

FILL OUT ALL FORMS COMPLETELY. ENROLLMENT CAN NOT START UNTIL ALL FORMS ARE COMPLETED AND TURNED IN.

IF YOU HAVE QUESTIONS, PLEASE REACH OUT AND WE WILL DO OUR BEST TO HELP.

📄 Return completed forms along with the following items:

Student information:

- Copy of student Birth certificate
- Immunization record if possible
- Withdrawal grades and/or transcript from previous school
- IEP If Special Education | 504 plan if applicable

Parent's/Guardian's information:

- Driver's License
- 2 items to verify residency
- Guardianship papers if applicable

The following information will be requested from previous school:

Transcripts
Withdrawal grades
Attendance
Discipline
IEP if Special Education /504 Accommodations

Once this information is available, the counselor will set up a class schedule for your student. The counselor may need to make an appointment to meet with you and your student. The transportation department will notify you of routes and times.

Please allow for the enrollment process to take up to 5 school days. We want to make the best fit for your student and this may take time.

WELCOME TO OUR HUSKY FAMILY!

BENZIE COUNTY CENTRAL SCHOOLS ENROLLMENT FORM

Student NAME: _____

Sex: M ☐ F ☐ Grade: ☐ Pre ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Previous pre school attended: _____ Was student a part of Dolly Parton

Imagination Library? ☐ Y ☐ N Birth date: _____ Age: _____

Address(where student resides): _____

City: _____ County: _____ Zipcode: _____

Preferred Phone (school communications): _____

Mother/Stepmother/Guardian Name: _____

Cell: _____

Mailing Address(if different from above): _____

Email: _____ Employer: _____

Work Phone: _____

Father/Stepfather/Guardian Name: _____

Cell: _____

Mailing Address(if different from above): _____

Email: _____ Employer: _____

Work Phone: _____

Students Residence is: ☐ Shelter ☐ With one or more family, in a house or apartment

☐ In motel, car, or campsite ☐ With friends or family(other than parent or guardian)

☐ Single family dwelling(house, apartment, etc.) ☐ Other _____

☐ Homeless (McKinney-Vento Title IX, Part A of Every Student Succeeds Act of 2015)

Is the student a non-resident under court jurisdiction? ☐ Y ☐ N

If so, county of residence? _____

Is Student School of Choice? ☐ Y ☐ N What district are they coming from? _____

Whom does the student primarily live with? (Custodial parent(s)?, also include siblings names and ages)

Last School Student attended (in person):

Name: _____

Address: _____

City, State, Zip: _____

Is or has your student been in Special Education (or received Special education services prior)?

☐ Y ☐ N

If Yes, category is(IEP, 504, etc.): _____

Is Student up to date on Immunizations? ☐ Y ☐ N, (wavier on file? _____)

*****Please note until immunizations are up to date or wavier is on file school can decline enrollment.*****

Please list any unusual medical circumstances we should be aware of: (Including but not limited to inhalers, epi pen, anxiety medications, seizure medications, etc.)

Will student be taking any medication at school on a regular basis? ☐ Y ☐ N

If so please list them:

*****All medication taken at school must be brought in to school by an adult in the original prescription bottle. A medication form must also be filled out and signed by parent /guardian.*****

Is Student Hispanic/Latino? ☐ No, Not Hispanic/Latino ☐ Yes, Hispanic/Latino

Ethnic Code (if you consider your student multiracial please mark primary as 1 and your secondary number 2):

A - American Indian ☐ To which tribal affiliation do they belong: _____ B - Asian ☐

C - Black or African American ☐ D - Native Hawaiian or Pacific Islander ☐

E- White ☐

Michigan's Revised Home language survey:

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset.

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? _____

What language is most used by the student? _____

In the event of an accident or serious illness, I hereby request the school to contact me. In the event I can not be reached I ask that the person(s) below are contacted. Should this be impossible I authorize the school to take whatever action they deem necessary on my behalf and accept financial responsibility for any such actions.

My signature allows my consent for my son/daughter to participate in online/virtual courses should it be in their best interest and allows the district to access the Michigan Care Improvement Registry School Immunization Reporting System.

Parent/ Guardian Signature:

Date:_____

Emergency Contacts:

Name:_____

Phone Number:_____

Relationship to student: _____

☐ Emergency Contact #1 ☐ Emergency Contact #2 ☐ Emergency Contact #3

Name:_____

Phone Number:_____

Relationship to student: _____

☐ Emergency Contact #1 ☐ Emergency Contact #2 ☐ Emergency Contact #3

PUBLIC ACT 328

Public Act 328 (effective January 1, 1995), requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with a blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar or brass knuckles" or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns and explosive devices.

Pursuant to 1995 Public Act 328 _____
(student name) (date of birth)

Check One:

- ____ 1. Has not been expelled from another school
- ____ 2. Has been expelled from another school (or has expulsion charges pending).
- ____ 3. Is currently under suspension from another school.

If you checked box 2 or 3, please explain the circumstances below:

I understand and agree that pursuant to 1995 Public Act 328 that:

- (1) The Benzie County Central Schools will request records from the above named student's previous school(s); and*
- (2) Until the records are received and reviewed by the school, enrollment is conditional; and*
- (3) If student records received from the previous school(s) are not as represented above, the above named student may be excluded from Benzie County Central Schools immediately without further recourse.*

Signature: Parent/Guardian (or student if 18 years of age or more)

Date

RESIDENCY VERIFICATION AFFIDAVIT

PLEASE READ CAREFULLY

Michigan school districts have the right to require proof of residency regarding enrollment. By signing this affidavit you are affirming that the address given on all forms is the current legal residence of the parent/guardian enrolling the student and is the residence of the student.

SHOULD THE SCHOOL DISTRICT LEARN THAT THE NOTED ADDRESS IS NOT THE RESIDENCE AND/OR THE PARENT/GUARDIAN LIVES OUTSIDE SCHOOL DISTRICT BOUNDARIES AND THE STUDENT IS NOT AN AUTHORIZED NON-RESIDENT STUDENT HE/SHE WILL BE EXCLUDED FROM THE SCHOOL DISTRICT IMMEDIATELY.

Further, the district shall require payment of tuition for the time in attendance as a non-resident and will take legal steps to recover it.

The Benzie County Central School District requires verification of residency by parent/guardian providing originals of two separate items on the list below. School district personnel will make copies and return the originals. All documents must be current and contain name and address. Envelopes with the post office forwarding label will not be accepted.

- ☐ Driver's License OR Voter Registration Insurance Form
- ☐ Lease Agreement
- ☐ Purchase Agreement
- ☐ Moving Bill
- ☐ Utility Bill
- ☐ Other-Specify _____

If living in the home of another person and no rental or lease agreement exists, that person must sign this document and provide one proof of residency. Parent/guardian must provide the second proof item.

Person With Whom Residing: _____

Student Name: _____ Grade: _____

Address (where student resides): _____

Phone: _____

Signature of Parent/Guardian:

Benzie Central Middle/High School

9300 Homestead Rd

Benzonia, MI 49616

Phone: 231-882-4497 Fax: 231-882-5699

Attention: Chantelle Jones – jonesc@benzieschools.net

STUDENT RECORD REQUEST

Name of Last School Attended: _____

Address: _____

City/State: _____

Zip: _____ Registrar email: _____

Phone Number: _____ Fax Number: _____

Requesting records for the following student:

Name: _____

Grade: _____ Birthdate: _____

Please forward the above students cumulative records, including any psychological testing and/or any other special testing for academic class information.

PI 93-380, THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT says that written consent of the parent/guardian/eligible student IS NOT REQUIRED to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

Signature: Parent/Guardian/School Official

Date

Please email the following as soon as possible:

____ Most Recent Grades/Last Report Card ____ Attendance Logs

____ Discipline Logs ____ All IEP/504 Information (if applicable)

____ Please mail Complete CA-60 record



BENZIE COUNTY CENTRAL SCHOOL BUS REQUEST FORM



This form must be **completely filled out** and received by the Transportation Department **prior to service being provided**. The Director of Transportation will check your address for a safe, legal bus stop and contact you within three school days with your route number and pick-up/drop-off times.

Student Name: _____

Address: _____

City: _____ Zip Code: _____

School: _____ Grade: _____

Email: _____

Pick-Up address (if different from home): _____

Drop-off address (if different from home): _____

Mother: _____ Cell: _____ Work: _____

Father: _____ Cell: _____ Work: _____

ON THE LINES BELOW PLEASE LIST EMERGENCY CONTACTS

It is very important that we are supplied with at least one alternate contact name and number.

Name: _____

Relation to child/family: _____ Phone: _____

Name: _____

Relation to child/family: _____ Phone: _____

If there is any further information (i.e. medical, allergies, etc.) you feel we should be aware of please explain: _____

Parent/Guardian Signature: _____ Date: _____



BENZIE COUNTY CENTRAL SCHOOL
PROOF OF STUDENT AGE AND IDENTITY

In regard to the enrollment of _____, in "**Benzie Middle/High School**" ("**Benzie County Central**") on _____.

- a. The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in a school provide the local or intermediate school districts with a **certified copy of the pupil's birth certificate or other reliable proof** of the student's identity.

On this said day, the person enrolling this student has provided me with:

- ☐ Certified copy of the pupil's birth certificate
☐ Did not have a copy of the pupil's birth certificate

Or other reliable proof such as one of the following:

- ☐ Baptismal Certificate indicating date and place of birth
☐ Doctor or hospital records accompanied by sworn statement
☐ Court Records
☐ Life insurance policy
☐ Certain family records: _____
☐ Other reliable proof to show identity and age (explain): _____

*If the person enrolling this student **could not** provide any of the documents above:

☐ **Affidavit of Proof of Student Age and Identity was mailed on _____

Signature of School Official Processing Enrollment

Date

*If the person enrolling the student **did not** have a copy of the pupil's birth certificate, or other reliable proof, the district shall notify in writing the person enrolling the student that within 30 days he or she shall provide to the district either of the following:

- Certified copy of the pupil's birth certificate
- **Other reliable proof, of the student's identity and age, and an affidavit explaining the inability to produce a copy of the birth certificate which must be notarized.

Handbook Acknowledgment Sheet-Permissions

Handbook:

My signature acknowledges that I have read the student handbook online (www.benzieschools.net) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct therein.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Technology Acceptable Use Agreement Form:

My signature acknowledges that I have read the Technology Acceptable Use Agreement Form online (www.benzieschools.net) or have requested and received a copy of the agreement. I am responsible for abiding by the guidelines and regulations of student contact therein.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Permission to Publish Student Photographs and/or work:

My signature acknowledges that I give my child permission to be photographed or videotaped. Photographs may be used on district website, may be published in teacher web pages, or may be distributed to local print media sources. No other information about our child or his/her school work will be revealed without prior consent.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Field Trip Permission:

My signature allows that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter, parents notes sent home with students, or via our daily communications emailed home. Students will be transported by a school vehicle or private vehicle operated by the teacher and/or staff member.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Permission to Use Phone Number for Automated Calls:

My signature allows that I give the BCCS district permission to use the automated calling system to update me on events/cancellations/absences as well as emergencies.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Online Virtual Courses:

My signature allows my consent for my son/daughter to participate in online/virtual courses.

Parent Signature _____ Date _____



BENZIE CENTRAL
SCHOOLS—

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students' name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires **written parental consent** before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

*I authorize **Benzie County Central Schools** to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____

Printed Parent/Guardian Name: _____

Chantelle Jones
Administrative Assistant
231-882-4497 ext 2151
jonesc@benzieschools.net

Rev. 6/10/25



Virtual/Online Learning Parent Permission

School District: **Benzie County Central Schools**

Student Name: _____ Student Grade: _____

Virtual learning is a method of receiving academic instruction in courses in which the pupil is registered and the courses are taken through a digital learning environment. Virtual learning may be offered at a supervised school facility during the day as a scheduled class period or through self-scheduled learning where pupils have some control over the time, location, and pace of their education. Virtual learning includes, but is not limited to, online learning and computer-based learning, where the delivery of instruction may incorporate a combination of software, technology, and the Internet.

I, _____, parent or legal guardian of _____ give permission for his/her enrollment in district approved virtual/online course(s). I understand my student will be enrolled in the courses should it be in their best interest.

Parent Signature: _____ Date Received: _____

Student Signature: _____ Date Received: _____

Please return signed permissions to:

Attn: Chantelle Jones
Administrative Assistant
9300 Homestead Rd.
Benzonia, MI. 49616 | (231) 882-4497 Ext. 2151
jonesc@benzieschools.net

NEW STUDENT FORM 2026-27 – For students who change schools after starting 9th grade
LAST YEAR FOR THIS FORM. ALL TRANSFERS STARTING IN 27-28 WILL USE THE "TRANSFER TRACKER" DIGITAL PROCESS.

YES ☐

NO ☐

I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents, and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (In school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____) _____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) ☐ Y ☐ N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) ☐ VACANT ☐ SOLD ☐ RENTED ALL BELONGINGS MOVED? ☐ Y ☐ N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____) _____

1. The last school the student attended _____

2. While enrolled at the former school, the student lived with _____
 (List ALL people & their relationship to the student - parents, siblings, or others)

☐ YES ☐ NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
 (List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. ☐ YES ☐ NO School previously attended was a nonpublic or charter school.

6. ☐ YES ☐ NO Student is a "Ward of the Court/State" and was placed in this school District by court order.

7. ☐ YES ☐ NO Student is an international student enrolling from a foreign country. **Select VISA:** ☐ F1 ☐ J1

7a. ☐ YES ☐ NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: _____ Program is listed on MHSAA.com ☐ Y ☐ N

8. ☐ YES ☐ NO Student's previous school has been closed, dissolved, or reorganized. (see Int. 64 & 90)

9. ☐ YES ☐ NO Student's parents are DIVORCED. If divorced, give exact decree date: Month ____ Day ____ Year ____

10. ☐ YES ☐ NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.

11. ☐ YES ☐ NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.

12. ☐ YES ☐ NO Student is 18 and moved into this District WITHOUT his or her parents.

13. ☐ YES ☐ NO Student participated in a cooperative program involving his/her previous school and our school.

14. ☐ YES ☐ NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., 2025-26).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 14 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the **2026-2027** school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ IN THE PAST 12 MONTHS?

17. YES NO While at the **previous high school**, the student was coached by any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

STUDENT _____ DATE _____ PARENT/GUARDIAN _____ DATE _____

NEW SCHOOL ATHLETIC DIRECTOR _____ DATE _____ SCHOOL NAME + EMAIL OR FAX _____

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

PREVIOUS SCHOOL ATHLETIC DIRECTOR _____ DATE _____ Form Returned to NEW School: _____ DATE _____

Notes if previous AD declines to sign: _____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2025-26 determines eligibility in 2026-27 should the student transfer and not meet one of the 14 stated Exceptions.

OVER →

THIS PAGE IS FOR INTERNAL SCHOOL USE
Do NOT send any page of this form to the MHSAA

Return the completed form to the School Athletic Director, who should complete the following:

The eligibility status of _____ at _____ High School is checked below.

- ☐ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- ☐ This student will be eligible upon completion and processing of the Educational Transfer Form.
- ☐ There is a question about the eligibility of this student, and he/she may not participate in an interscholastic scrimmage or contest until written permission is given by the school and the MHSAA.
- ☐ This student is NOT ELIGIBLE to participate in interscholastic athletics.
- ☐ This student may be ELIGIBLE effective ____/____/____

ATHLETIC DIRECTOR

DATE

PRINCIPAL

DATE

Assistance in Applying the MHSAA Transfer Rule and Interpretations

Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in Processing a new student transfer. The only interpretations that are official are those received in writing.

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 for winter tournaments or May 1 for spring tournaments. See Reg. I, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residential change "from one public school District to a different public school District." Exceptions: 1, 2, 3, 4, 8, & 12 and Int. 90.

- Line 1: Indicates type of school: public, nonpublic or charter school.
- Lines 2-3: Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.
- Line 4: Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.
- Line 5: Verification of line 1 and Interpretation # 62 (school of residency).
- Line 6: Regulation I, Section 9(A), Exception 3.
- Line 7: Regulation 1, Section 9(A), Exception 4. J-1 or F-1 Visa International Students See Interpretations 83-89 and MHSAA.com for Approved International Student Program (AISP) listing.
- Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)
- Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time → Must use "Educational Transfer Form"). Student moving between parents who never married see Interpretation 92 and include documentation.
- Line 10: Regulation I, Section 2.
- Line 11: Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int. 67 - out-of-state sports academy).
- Line 12: Regulation I, Section 9(A), Exception 12 (allowed ONE time → Must use "Educational Transfer Form").
- Line 13: Regulation I, Section 9(C), Former school must concur, and student must have participated in the co-op.
- Line 14: Acknowledges that the student or parents need to discuss the matter of eligibility further.
- Lines 15-16: Regulation I, Section 9(B) Checks history of sports participation during the most recent previous school year. See section 9(B) Sports Specific Eligibility.
- Line 17: Section 9(E.5) the Athletic Related Transfer Regulation (Links Rule). Checks enrolling at a school where a coach from the former school has been recently hired in the previous 12 months.

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2025-26 determines eligibility in 2026-27 should the student transfer and not meet one of the 14 stated Exceptions.