



NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Date of last Health Examination (Physical) \_\_\_\_\_  
Attached documentation

New Address: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

With Whom Are You Living in This District: \_\_\_\_\_

\*\*\*\*\* PREVIOUS SCHOOL INFORMATION \*\*\*\*\*

Previous School: \_\_\_\_\_

<u>Sports Played in Previous School</u>		<u>Level &amp; Number of Years Played</u>		
Fall	Sport _____	_____ Modified	_____ JV	_____ Varsity
Winter	Sport _____	_____ Modified	_____ JV	_____ Varsity
Spring	Sport _____	_____ Modified	_____ JV	_____ Varsity

Previous Address: \_\_\_\_\_

With Whom Did You Live: \_\_\_\_\_

Reason For Leaving Previous School: \_\_\_\_\_

Were you subject to the APP Process as a 7<sup>th</sup> or 8<sup>th</sup> grader? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\*\*\* ACADEMIC INFORMATION \*\*\*\*\*

Year Entered 9<sup>th</sup> Grade: \_\_\_\_\_ Verification: \_\_\_\_\_

Have You Repeated a Grade in JR High or High School: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Counselor's Initials  
If Yes, which grade: \_\_\_\_\_

Date of the student's registration accepted: \_\_\_\_\_

Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration. Please list any other high school attended on back.