



ST. LOUIS PARK HIGH SCHOOL ATHLETICS TRANSFER FORM



Age: _____

Current Grade: 9 10 11 12

First Name: _____ Last Name: _____

Who Is The Student Currently Living With? _____

Current Address:

City: _____

State: _____

Zip: _____

Previous Address:

City: _____

State: _____

Zip: _____

Parent/ Guardian Email: _____

Do you waive the 15 day return to previous school option?

YES

NO

Date Student First Entered 7th Grade: _____

School attended for 7th grade: _____

Have You Repeated a Grade Since First Enrolling In 7th Grade?

YES

NO

School Where Student First Entered 9th Grade: _____

Date Student First Entered 9th Grade: _____

School You Are Transferring From:

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____

Besides The Above, Have You Attended Any Other Schools while in grades 9-12?

YES

NO

If "YES", please complete the back of this form.

PARENT/ GUARDIAN SIGNATURE/ DATE

STUDENT SIGNATURE/ DATE

IF YOUR RESIDENCE IS IN ST. LOUIS PARK YOU WILL NEED TO PROVIDE PARENT/ GUARDIAN DRIVERS LICENSE AND UTILITY STATEMENT WITH CORRESPONDING NAME AND ADDRESS.

School Name:

School Address:

City: State: Zip: Dates Attended:

School Name:

School Address:

City: State: Zip: Dates Attended: