

**APOLLO HIGH SCHOOL**  
**Karl Heine, Activities Director**  
**1000 44<sup>th</sup> Ave North**  
**St Cloud MN 56303**

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**Student Transfer Form**

No transfer student will be eligible to participate as a member of any varsity team unless he/she has met the period of ineligibility or has met all transfer requirements.

Please complete this form and turn it into the Activities Office at Apollo High School. All information must be accurate and will be checked against records sent from the previous school(s). A copy of a current sports physical (within the last 3 years) must also be presented to be eligible to participate.

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Legal Guardian \_\_\_\_\_

Did your family move to St. Cloud/Waite Park? \_\_\_\_ Yes \_\_\_\_ No    If No, did you move residence? \_\_\_\_ Yes \_\_\_\_ No

Current address \_\_\_\_\_  
Address City State ZIP

Previous address \_\_\_\_\_  
Address City State ZIP

Is the transfer student residing with parent(s) \_\_\_\_ Yes \_\_\_\_ No

If No, Who \_\_\_\_\_ Relationship to student \_\_\_\_\_

Date student first entered 7<sup>th</sup> grade \_\_\_\_\_ Date student first entered 9<sup>th</sup> grade \_\_\_\_\_

School attended in 7<sup>th</sup> Grade \_\_\_\_\_  
Name of School City, State

School student first entered 9<sup>th</sup> grade \_\_\_\_\_  
Name of School City, State

Regarding the school attended in 9<sup>th</sup> Grade; did you attend this school from the beginning of the year \_\_\_\_ Yes \_\_\_\_ No

Is this your first transfer since 9<sup>th</sup> grade \_\_\_\_ Yes \_\_\_\_ No **If No, Please attach list of schools attended, date of entry & grade in school when attended.**

What was the last school you attended? \_\_\_\_\_  
Name of School City, State

Dates of Attendance at last school \_\_\_\_\_

Do you anticipate participating in any MSHSL Athletic or Fine Arts Activities \_\_\_\_ Yes \_\_\_\_ No

Has the student graduated from their previous school or earned a GED? \_\_\_\_ Yes \_\_\_\_ No

Has the student repeated a grade? \_\_\_\_ Yes \_\_\_\_ No    If yes, which grade? \_\_\_\_\_

Has the student received money to play (i.e. played professionally) a MSHSL-sponsored sport? \_\_\_\_ Yes \_\_\_\_ No

*This information is honest and accurate to the best of my knowledge.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_