

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 High School Activities Office. 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 Area? **Yes or No** (circle one) If No, did you move residence? **Yes or No** (circle one)

Current address: _____
Address City State Zip Code

Previous address: _____
Address City State Zip Code

Is the transfer student residing with parent(s): **Yes or No** (circle one) If No, who is student living with: _____

Date student first entered 7th grade _____

School attended in 7th Grade: _____
Name Address City State Zip

Date student first entered 9th grade _____ Was school attended from start of year: **Yes or No** (circle one)

School attended in 9th Grade _____
Name Address City State Zip

Is this your first transfer since 9th grade: **Yes or No** (circle one) **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 Address City State Zip Code

Dates of Attendance at last school: _____

Eligibility Questions:

1. Do you anticipate participating in any MSHSL Athletic or Fine Arts Activities? **Yes or No** (circle one)
2. Has the student graduated from their previous school or earned a GED? **Yes or No** (circle one)
3. Has the student repeated a grade? **Yes or No** (circle one) If yes, which grade? _____
4. Has the student received money to play a MSHSL-sponsored sport? **Yes or No** (circle one)

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

 Student Signature

 Date

 Parent Signature

 Date