

**JEFFERSON CITY SCHOOL DISTRICT
NEW STUDENT ACTIVITIES INFORMATION**

District Activities Director: Gary Verslues
District Activity Admin Assistant: Sarah Jones

Email: sarah.jones@jcschools.us



Capital City High School

Activities Director: Robert Ndessokia
robert.ndessokia@jcschools.us
Administrative Assistant: Kim Pike
kim.pike@jcschools.us



Jefferson City High School

Activities Director: Chris Herriman
christopher.herriman@jcschools.us
Administrative Assistant: Becca Hintenach
rebecca.hintenach@jcschools.us

PLEASE COMPLETE IF YOU ARE INTERESTED IN PARTICIPATING IN ANY ACTIVITIES (see list bottom of page)

Today's Date: _____ **Student's Name:** _____ **Date of Birth:** _____

Male / Female (please circle one) **Home Phone #:** _____ **Mobile Phone#:** _____

Parent (s) Guardian Name: _____

Previous Address: _____ **City/State/Zip:** _____

Current Address: _____ **City/State/Zip:** _____

- 1) Has the entire family had a complete change of residence? (By-law 238) ____Yes ____No
(everyone living in the household at the previous address moved to the new address)

Date you moved to the new address: _____

- 2) Is your address within the geographic attendance area of the respective school? ____Yes ____NO

- 3) Name of previous school: _____ School phone: _____

School address: _____ City/State/Zip: _____

***Dates you attended this school: Start Date: _____ End Date: _____

If you were in this school less than 1 full year (365 days) list any additional schools attended below:

Name of additional school: _____ School phone: _____

School address: _____ City/State/Zip: _____

Dates you attended this school: Start Date: _____ End Date: _____

Current Grade in School (please circle one) 6th 7th 8th 9th 10th 11th 12th

Please CIRCLE the following Activities you are interested in:

Baseball	Basketball	Cheer	Choir	Cross Country	Dance
Football	Marching Band	Golf	Orchestra	Scholar Bowl	Soccer
Softball	Speech & Debate	Swimming	Track	Tennis	Volleyball
					Wrestling

*****I certify that this information is legally accurate.**

Signature of Parent/Guardian *** (we must have signature and date of parent/guardian to process)

Date

Office Use Only: Received: _____ **Registered:** _____ **Filed MSHSAA:** _____ **Decision:** _____