

APOLLO HIGH SCHOOL
Peter Hamerlinck, Activities Director
1000 44th Ave North
St Cloud MN 56303

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 7th grade _____ Date student first entered 9th grade _____

School attended in 7th Grade _____
Name of School City, State

School student first entered 9th grade _____
Name of School City, State

Regarding the school attended in 9th Grade; did you attend this school from the beginning of the year ____ Yes ____ No

Is this your first transfer since 9th 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 Signature _____ Date _____