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? __________________________________________________________

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 _______________

Revised 6/23/17