

2019-2020 School Year

High School (9-12) Packet

Jefferson City Public Schools

Enrollment Checklist

Items to bring to Enroll:

- Completed Enrollment Forms (**see below**)
- Student's birth certificate (**Original for Kindergarten, copy sufficient for other grades**)
- Copy of Student's Immunizations
- Parent/Guardian Photo ID
- Two Proofs of Residency dated within the last 45 days
 - Acceptable Documents** •Section 8 Housing Contract •Fully executed real estate contract
 - Electric Bill •Water Bill •Cable/Satellite Bill •JC Utility Bill •Land Line Phone Bill •DFS Document •Social Services Document •Social Security Administration Document •Paycheck Stub
- IEP/Evaluation/504 Plan (if applicable)
- Legal/Custody/Parenting Plan Documents (if applicable)

Enrollment Forms:

- Release of Student Records Form
- Household Census Information (**1 per Household**)
- Student Information Form
- New Student Health Registration Form
- Technology Usage Agreement Form
- Children's Online Privacy Protection Act (COPPA)
- Option to Withhold Information and Media Release Form
- Transportation Form

Additional Forms – High School (Grades 9 – 12):

- Military Recruitment Release of Student Information
- New Student/Activities Information (Grades 7-12)



Jefferson City Public Schools
Jefferson City, MO
Request for Student Records

Date: _____

Student: _____ Grade: _____ Birth Date: _____

Last School Attended: _____

School Address: _____

City, State, Zip: _____

School Phone (____) _____ School Fax (____) _____

I hereby request and authorize the official person of the above named school to send the following information concerning my student to the Jefferson City Public School listed below: a transcript of all academic, discipline, test and health records; special education diagnostic summary and IEP; legal documents; ELL testing results.

Parent/Guardian Signature

Former School: Please fill in and return with transcript:

Missouri Constitution year passed _____ not taken _____
US Constitution year passed _____ not taken _____

- | | | |
|--|---|---|
| <p><input type="checkbox"/> Jefferson City High School
609 Union St., JC MO 65101
JCHS.registrar@jcschools.us
Fax: 573-659-3207
Phone: 573-659-3070</p> <p><input type="checkbox"/> Nichols Career Center
605 Union St., JC MO 65101
NCC.registrar@jcschools.us
Fax: 573-659-3154
Phone: 573-659-3100</p> <p><input type="checkbox"/> Jefferson City Academic Center
501 Madison, JC MO 65101
JCAC.registrar@jcschools.us
Fax: 573-659-2516
Phone: 573-659-2510</p> <p><input type="checkbox"/> Simonsen 9th Grade Center
501 East Miller St., JC MO 65101
simonsen.registrar@jcschools.us
Fax: 573-659-2394
Phone: 573-659-3130</p> <p><input type="checkbox"/> Lewis and Clark Middle School
325 Lewis and Clark Dr., JC MO 65101
LCMS.registrar@jcschools.us
Fax: 573-659-8396
Phone: 573-659-3224</p> <p><input type="checkbox"/> Thomas Jefferson Middle School
1201 Fairgrounds Rd., JC MO 65109
TJMS.registrar@jcschools.us
Fax: 573-659-3281
Phone: 573-659-3268</p> | <p><input type="checkbox"/> Belair Elementary
701 Belair, JC MO 65109
belair.registrar@jcschools.us
Fax: 573-632-3492
Phone: 573-659-3155</p> <p><input type="checkbox"/> Callaway Hills Elementary
2715 State Rd AA, Holts Summit MO 65043
callawayhills.registrar@jcschools.us
Fax: 573-896-4054
Phone: 573-896-5051</p> <p><input type="checkbox"/> Cedar Hill Elementary
1510 Vieth Dr., JC MO 65109
cedarhill.registrar@jcschools.us
Fax: 573-632-3493
Phone: 573-659-3160</p> <p><input type="checkbox"/> East Elementary
1229 E McCarty, JC MO 65101
east.registrar@jcschools.us
Fax: 573-632-3489
Phone: 573-659-3165</p> <p><input type="checkbox"/> Lawson Elementary
1105 Fairgrounds Rd., JC MO 65109
lawson.registrar@jcschools.us
Fax: 573-632-3487
Phone: 573-659-3175</p> <p><input type="checkbox"/> Moreau Heights Elementary
1410 Hough Park, JC MO 65101
moreauheights.registrar@jcschools.us
Fax: 573-632-3495
Phone: 573-659-3180</p> | <p><input type="checkbox"/> North Elementary
285 S Summit, Holts Summit MO 65043
north.registrar@jcschools.us
Fax: 573-896-4018
Phone: 573-896-8304</p> <p><input type="checkbox"/> Pioneer Trail Elementary
301 Pioneer Trail, JC MO 65109
pioneertrail.registrar@jcschools.us
Fax: 573-632-3420
Phone: 573-632-3400</p> <p><input type="checkbox"/> South Elementary
707 Linden Dr., JC MO 65101
south.registrar@jcschools.us
Fax: 573-632-3497
Phone: 573-659-3185</p> <p><input type="checkbox"/> Thorpe Gordon Elementary
1101 Jackson St., JC MO 65101
thorpegordon.registrar@jcschools.us
Fax: 573-659-3514
Phone: 573-659-3170</p> <p><input type="checkbox"/> West Elementary
100 Dix Rd., JC MO 65109
west.registrar@jcschools.us
Fax: 573-632-3496
Phone: 573-659-3195</p> <p><input type="checkbox"/> JCPS Welcome Center
315 E Dunklin, JC MO 65101
welcomecenter@jcschools.us
Fax: 573-659-3028
Phone: 573-659-3043</p> |
|--|---|---|

****Please fax/email _____
to the Welcome Center. All other student
records should be faxed to the school indicated.**

PLEASE CHECK BOX TO THE SCHOOL WHO WILL RECEIVE RECORDS.

Federal Law 99.21 states "No Parent Signature Required for Educational Records Sent to Another Educational Agency."

REVISED January 2017

If address, household, relationship and contact information is the same for all children, this form should only be filled out ONCE - not once for each child.



HOUSEHOLD CENSUS INFORMATION

Enrollment for School Year: 2019 - 2020 Today's Date: _____

Household 1

Adult #1

Name _____ Gender M F

Work Phone _____ Cell Phone* _____ Email** _____

Adult #2

Name _____ Gender M F

Work Phone _____ Cell Phone* _____ Email** _____

*Cell phone numbers will receive an option for text messages. Text messages may include information related to school closings, emergencies, event reminders, fundraisers, etc. Check here if you do NOT want to receive text messages. Adult #1 Adult #2

**E-mail addresses will be used for various district communications.

Address _____ City _____ State _____ Zip _____

Main Phone _____ Jefferson City Public Schools provide phone alerts to all families through an automated calling system. The phone number listed here will be the number to receive these calls.

Student Relationship to Adults in Household 1

FULL NAME of students who are currently enrolling or enrolled in JCPS and living in household	JCPS School	Birth Date mm/dd/yy	Adult #1 Relationship to Student	Adult #2 Relationship to Student
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____

Household 2

Adult #3

Name _____ Gender M F

Work Phone _____ Cell/Pager* _____ Email** _____

Adult #4

Name _____ Gender M F

Work Phone _____ Cell/Pager* _____ Email** _____

*Cell phone numbers will receive an option for text messages. Text messages may include information related to school closings, emergencies, event reminders, fundraisers, etc. Check here if you do NOT want to receive text messages. Adult #3 Adult #4

**E-mail addresses will be used for various district communications.

Address _____ City _____ State _____ Zip _____

Main Phone _____ Jefferson City Public Schools provide phone alerts to all families through an automated calling system. The phone number listed here will be the number to receive these calls.

Student Relationship to Adults in Household 2

FULL NAME of students who are currently enrolling or enrolled in JCPS and living in household	JCPS School	Birth Date mm/dd/yy	Adult #3 Relationship to Student	Adult #4 Relationship to Student
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____

EMERGENCY CONTACTS - Other Than Parents - Please list one name per line.

Please provide contact information for three individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/legal guardians cannot be reached. List these contacts in the order that you would like them contacted.

1.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	Name	Relationship to student(s)	Gender
	_____	_____	_____
	Work Phone	Cell Phone	Other Phone
2.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	Name	Relationship to student(s)	Gender
	_____	_____	_____
	Work Phone	Cell Phone	Other Phone
3.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	Name	Relationship to student(s)	Gender
	_____	_____	_____
	Work Phone	Cell Phone	Other Phone

DECLARATION OF STUDENT RESIDENCY

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the Jefferson City Public School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Jefferson City Public School District. I hereby affirm that the student(s) and a parent/legal guardian reside within the boundaries of Jefferson City Public Schools.

Signature of Parent/Legal Guardian
(Student may sign if 18 yrs. of age and not living with parents)

Date

Signature of person with whom student is residing

Date

MCKINNEY-VENTO ACT

These questions cover the definition of homeless that is within the McKinney-Vento Homeless Assistance Act.

- 1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? YES NO
 - 2. Are you currently living in a temporary housing arrangement due to economic hardship? YES NO
- If you answered yes to either question above, please explain: _____

- 3. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons? YES NO
 - 4. Are you currently residing in a shelter? YES NO

FEDERAL MIGRATORY WORKER SURVEY

If you have a child age 3 through 21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

- 1. Have you moved from one school district to another during the past three years and before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural related work such as: planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell? YES NO
- 2. Have you moved from one school district to another during the past three years for the purpose of looking for or obtaining any of the above jobs? YES NO
- 3. Is either parent (or guardian) now employed in any of the above kinds of work? YES NO
- 4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work? YES NO

LEGAL DOCUMENTS

Are there any legal documents pertaining to this student, e.g., guardianship, divorce/parenting plan, juvenile court/juvenile officer, ex parte, etc? YES NO

If yes, please provide a copy and describe: _____

MILITARY

Is this student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces? YES NO

Is this student living with a family member due to parents being deployed? YES NO

If you answered yes to either question above, please select one: Active Duty National Guard or Reserve

SAFE SCHOOLS ACT

The undersigned hereby certify and represent to the Jefferson City Public School District, for the purposes of the Missouri Safe Schools Act, that:

- 1. This student is not currently suspended or expelled from any other school district.
- 2. This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:
 - a. first degree murder under Section 565.020, RSMo
 - b. second degree murder under Section 565.021, RSMo
 - c. first degree assault under Section 565.050, RSMo
 - d. forcible rape under Section 566.030, RSM.
 - e. forcible sodomy under Section 566.060, RSMo
 - f. statutory rape under Section 566.032, RSMo
 - g. statutory sodomy under Section 566.062, RSMo
 - h. robbery in the first degree under Section 569.020, RSMo
 - i. distribution of drugs to a minor under Section 195.212, RSMo
 - j. arson in the first degree under Section 569.040, RSMo
 - k. kidnapping, when classified as a Class A felony, under Section 565-100, RSMo

The undersigned, being first duly sworn on his/her/their oath, states that he/she/they provided the above information to the Jefferson City Public School District for the purpose of enrolling a student in the Jefferson City Public School District and states that such information is true and correct to the best of his/her/their information, knowledge and belief.

DECLARATION OF STUDENT RESIDENCY

In order to comply with Missouri Law regarding the eligibility of children to attend the public schools, the Jefferson City Public School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Jefferson City Public School District. I hereby affirm that the student and a parent/legal guardian reside within the boundaries of Jefferson City Public Schools.

 Signature Relationship to Student Date
 (Student may sign if 18 years of age and not living with parents)

Jefferson City Public Schools New Student Health Registration Form

Student Name:	Birth Date:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date:
School:	Grade:	Parent/Legal Guardian Contact#	
Doctor:	Hospital Preference In Case of Emergency: <input type="checkbox"/> Capital Region Medical Center <input type="checkbox"/> St. Mary's Health Center		

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has any of the following? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone/muscle disease | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Mental health condition (i.e. depression, anxiety, eating disorder) | <input type="checkbox"/> Other _____ | |

Does your child experience any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Frequent ear aches | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Frequent stomach aches | <input type="checkbox"/> Underweight for age |
| <input type="checkbox"/> Tires easily | <input type="checkbox"/> Emotional concerns | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Other _____ | |

Do any of the above condition(s) limit/effect your child at school? _____

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes___ No___ Describe: _____

ALLERGIES

Plants___ Animals___ Food___ Molds___ Drugs___ Sting___ Other_____

Please describe the allergic reaction and the treatment for **each** checked allergy: _____

MEDICATIONS

List medications taken at home: _____

List medications taken at school: _____

JCPS Medication Policy

JCPS Health Room Staff or Designee may administer medication to students when the following criteria are met:

- *All medication must be provided by the parent/guardian and accompanied by a signed medication permission form from the parent/guardian (forms are available in the health room).
- *All medications must be delivered to the school nurse in a properly labeled container from the pharmacy or in the manufacturer's original packaging.
- *Medication for students under the age of 12 MUST be children's strength unless student has a current doctor's order for adult strength.
- *Aspirin containing medications will NOT be given unless student has a current doctor's order.
- *Nurses must follow medication label instructions unless a written notice is received from a physician indicating a dosage change.
- *All doctor's orders need to be updated on a yearly basis.

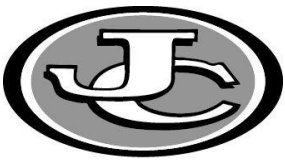
Screenings: Routine vision screenings will be conducted for students in grades K, 1, 3, 5, and 7. Routine hearing screenings will be conducted for students in grades K, 1, 2, and 3. Vision or hearing screenings may be conducted as necessary or by request of parent or teacher. **Please check one:**

- I **DO** want my child to participate in routine screenings.
- I **DO NOT** want my child to participate in routine screenings.

I attest that the above information is accurate to the best of my knowledge. I have read and agree to the medicine policy above. I have designated above my choice concerning vision and hearing screening.

Parent/Guardian Signature

Date



Jefferson City Public Schools

Jefferson City Public Schools Technology Usage Agreement

TECHNOLOGY USAGE AGREEMENT

I have read the school district's Technology Usage policy, administrative regulations, and netiquette guidelines. I understand that violation of these provisions may result in disciplinary action being taken against my child, ward or child within my care ("child"), including but not limited to suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's technology usage is not private and that the school district will monitor my child's use, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to district interception of, or access to all communications sent, received or stored by my child using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely. I understand that any district device assigned to my child, as part of the 1:World program or through an assistive technology assignment, is property of the district and all information on that device can be monitored, reviewed, or given to 3rd parties for administrative purposes. I further understand that additional duties and obligations may be imposed upon my child as part of the 1:World program.

I agree to be responsible for any unauthorized costs arising from my child's, ward's or child within my care's use of the district's technology resources. I agree to be responsible for any damages incurred by my child, ward or child within my care.

I agree to release from liability, indemnify, and hold harmless the school district and district personnel from all claims, damages, and costs that may result from my child's use of district technology, including but not limited to any unlawful or improper use of district technology. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Note: Technology Usage Policy EHB may be found on the District website, www.jcschools.us. View by selecting on the top bar: School Board/Board of Education/ and then selecting the Board Policies link on the left hand side. Select E – Support Services and then select EHB policy. Student Technology Netiquette Guidelines can be found at <https://www.jcschools.us/Page/15430>.

I have read and understand the district's Technology Usage policy, administrative regulations, and netiquette guidelines.

<p>Student Name: _____ Grade: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Relationship to student: _____</p> <p>Date: _____</p>

Jefferson City Public Schools
Children's Online Privacy Protection Act (COPPA)
Privacy Notice and OPT OUT FORM

The Jefferson City Public Schools is committed to providing your student with the most effective web-based assessments, instructional tools and applications for learning. The Children's Online Privacy Protection Act (COPPA) requires parental notification and consent for student use of district approved online resources for students. The law permits school to act as the parent's agent and to consent to the collection of student information on the parent's behalf.

The district utilizes a variety of online assessment and instructional programs to meet your child's needs. Examples include iReady, GoMath and the G suite for Education (Google) in your child's classroom. For a complete listing of JCPS instructional programs, please visit <https://www.jcschools.us/domain/35> and select COPPA Online Resource List in the Technology section.

In order for students to use these programs and services, certain personal information must be provided to the website operator(s). This information may include, but is not necessarily limited to, the student's name, teacher's name, grade, birth date, and district issued email address/login. The District will provide only the minimum information required to access the educational materials and applications.

*****Only fill out this form if you wish to opt out of COPPA*****

PLEASE NOTE: If you sign and complete this OPT OUT FORM, you are not allowing your student access to online assessments and instructional educational tools related to necessary coursework. As a result, your student will be assigned alternative assignments when necessary. DO NOT complete this form if you want your student to have access to online assessments and instructional tools.

Name of Student: _____

Signature of Parent/Legal Guardian: _____

Date: _____

For additional information on COPPA, please visit <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

For additional information regarding Google for Education, please see https://gsuite.google.com/terms/education_terms.html
https://gsuite.google.com/terms/education_privacy.html
<https://support.google.com/a/answer/6356441>



Jefferson City Public Schools Option to Withhold Information and Media Release Form

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) -

OPTION TO WITHHOLD STUDENT DIRECTORY INFORMATION

Parents who wish the school to withhold student directory information are required to submit notice to the building principal each year. The "opt out" only applies to the school year for which it is signed. By "opting out" parents understand that NO information can be released.

General Directory Information – The following information the district maintains about a personally identifiable student may be disclosed by the district to the school community through, for example, district publications, or to any person without first obtaining written consent from a parent or eligible student:

Student's name; date and place of birth; parents' names; grade level; enrollment status (e.g., full-time or part-time); student identification number; user identification or other unique personal identifier used by the student for the purposes of accessing or communicating in electronic systems as long as that information alone cannot be used to access protected educational records; participation in district-sponsored or district-recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees, honors and awards received; artwork or course work displayed by the district; schools or school districts previously attended; and photographs, videotapes, digital images and recorded sound unless such records would be considered harmful or an invasion of privacy.

Limited Directory Information – In addition to general directory information, the following information the district maintains about a personally identifiable student may be disclosed to: school officials with a legitimate educational interest; parent groups or booster clubs that are recognized by the Board and are created solely to work with the district, its staff, students and parents and to raise funds for district activities; governmental entities including, but not limited to, law enforcement, the juvenile office and the Children's Division (CD) of the Department of Social Services:

The student's address, telephone number and e-mail address and the parents' addresses, telephone numbers and e-mail addresses.

Examples of situations where information would be withheld include:

- Honor rolls published in the newspaper
- Yearbook pictures, class photo, and graduation pictures
- Awards and photographs for any honor
- Results of any sports contest or special school activity
- Names, pictures, height and weight in sports program or newspaper
- Any District/School media or publications (i.e., classroom webpages, building newsletters, District social media)

WITHHOLD my student's directory information.

MEDIA RELEASE FORM: STUDENT INTERVIEWS AND IMAGES

I give my permission for my child to be a part of the following media-related situations:

- Use of photographic image and/or interviews with local media (print, radio, TV)

**Students will not be interviewed for sensitive subject matter without receiving parental/guardian permission.*

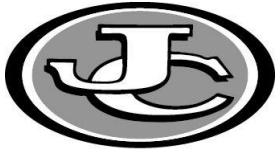
Yes, I give permission.

No, I do not give permission.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



Jefferson City Public Schools

Military Recruitment Release of Student Information (9-12 grades only)

Every Student Succeeds Act (ESSA) (Public Law 114-95) requires high schools to provide to military recruiters, upon request, access to names, addresses, and phone numbers of high school students.

If you do not want the Jefferson City Public School District to disclose the information listed above, please provide this signed form to the school principal by the end of the second week of school.

A list of the guidelines on military recruiters' access to information can be found at the following web site: <http://www.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html>. If you have any questions, please do not hesitate to contact your child's guidance counselor.

WITHHOLD STUDENT INFORMATION FROM MILITARY RECRUITERS

I, _____, (PRINT FULL NAME) request that the Jefferson City Public Schools withhold directory information of my child from military recruiters. _____(PRINT FULL NAME OF STUDENT).

Signed: _____(SIGNATURE OF PARENT)

DATE: _____

Revised: January 2018

**JEFFERSON CITY PUBLIC SCHOOLS
NEW STUDENT ACTIVITIES INFORMATION**

District Director: Ehren Earleywine Email: ehren.earleywin@jcschools.us
Administrative Assistant: Heather Hackman Email: heather.hackman@jcschools.us



Capital City High School

Activities Director: Robert Ndessokia
Administrative Assistant: Kim Brundage
Email: Robert.ndessokia@jcschools.us or
kim.brundage@jcschools.us



Jefferson City High School

Activities Director: Chad Rizner
Administrative Assistant: Amber Mueller
Email: chad.rizner@jcschools.us or
amber.mueller@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) 7th 8th 9th 10th 11th 12th

Please CIRCLE the following Activities you are interested in:

Baseball
9th-12th

Basketball
7th-12th

Cheer
9th-12th

Choir
9th-12th

Cross Country
7th-12th

Dance
9th-12th

Football
7th-12th

Marching Band
9th-12th

Golf
9th-12th

Orchestra
9th-12th

Scholar Bowl
9th-12th

Soccer
9th-12th

Softball
9th-12th

Speech & Debate
9th-12th

Track
7th-12th

Tennis
9th-12th

Volleyball
7th-12th

Wrestling
7th-12th

*****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: Rec. _____ Reg. _____ Filed MSHSAA _____ Dec. _____