JEFFERSON CITY SCHOOL DISTRICT
NEW STUDENT ACTIVITIES INFORMATION
DISTRICT ACTIVITIES

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