

NYS
PHSAA
Section III

NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: _____ Date: _____

Entering Grade: _____ Male/Female Date of Birth: _____ Age _____

Date of last Health Examination (Physical) _____

Attached documentation

New Address: _____

Parents' Name: _____ Telephone: _____

With Whom Are You Living in This District: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

<u>Sports Played in Previous School</u>		<u>Level & Number of Years Played</u>		
Fall	Sport _____	_____ Modified	_____ JV	_____ Varsity
Winter	Sport _____	_____ Modified	_____ JV	_____ Varsity
Spring	Sport _____	_____ Modified	_____ JV	_____ Varsity

Previous Address: _____

With Whom Did You Live: _____

Reason For Leaving Previous School: _____

Were you subject to the APP Process as a 7th or 8th grader? _____ Yes _____ No

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Counselor's Initials

Have You Repeated a Grade in JR High or High School: _____ Yes _____ No

If Yes, which grade: _____

Date of the student's registration accepted: _____

Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration. Please list any other high school attended on back.