

ANDREAN HIGH SCHOOL

Admissions Office



Transfer Student Athletic Record

Student Name: _____ Date: _____

Home Address: _____

Grade: _____ Date of Birth: _____

Has the student participated in an interscholastic sport program at his/her previous school (grades 9-12) within the last 365 days?

NO _____ if no, please sign and date: _____

Signature of responsible guardian

YES _____ if yes, complete the following:

Please indicate (X) sports you have participated in with the last 365 calendar days:

Sport	9 th grade			10 th grade			11 th grade			12 th grade		
	Var	JV	Fr	Var	JV	Fr	Var	JV	Fr	Var	JV	Fr
Football												
Cross Country												
Soccer												
Volleyball												
Basketball												
Wrestling												
Golf												
Basketball												
Track/Field												
Baseball												
Softball												
Tennis												

This information is true to the best of my knowledge:

Date: _____

Signature of legal, responsible guardian