

COMPLETE ONLY IF YOU ARE INTERESTED IN PLAYING A SPORT

AHS Athletic Department New Student Enrollment

School Year: _____

Student _____ Date of enrollment _____

Address _____ Grade _____

Parents _____ Phone _____

School transferring from _____

Is the student living with his/her legal guardians? Yes No

Is student a resident of the Ashland City School District? Yes No

Is the student open enrolled to Ashland City Schools? Yes No

Did student provide a grade card for preceding grading period for eligibility purposes?

Yes If yes, please copy for Athletic Office

No If no, please provide ASAP

Over the last 12 months, list the school sponsored athletic teams the student participated in:

Note: Additional paperwork may have to be completed for the OHSAA to be eligible for participation. It is the responsibility of the parent/guardian to check with the athletic office for eligibility purposes.

NOTE to administrator enrolling the student: Please place this form in the Athletic Director's mailbox.