This form is only necessary for students who wish to participate in athletics at VRHS

Valley Regional Athletic Department

Lewis Pappariella, Athletic Director
(860) 526-5328

TRANSFER STUDENT ATHLETIC ELIGIBILITY INFORMATION

STUDENT NAME: _____ D.O.B: _____

(CIRCLE ONE): MALE FEMALE

GRADE ENTERING AT VRHS: (CIRCLE ONE) 9 10 11 12

PREVIOUS SCHOOL: _____

IS THERE A CHANGE OF LEGAL ADDRESS: YES NO

If Yes, PREVIOUS HOME ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

DATE ENTERED 9TH GRADE: _____
Month Year

GRADE OF STUDENT ON THE DATE OF WITHDRAWAL FROM PREVIOUS SCHOOL:

(CIRCLE ONE) 8 9 10 11 12

HS SPORT(S) AND LEVEL PLAYED AT PRIOR SCHOOL: _____

PARENT/GUARDIAN NAME(S): _____

CURRENT RESIDENCE ADDRESS: _____

CURRENT RESIDENCE CITY/TOWN: _____

CURRENT RESIDENCE ZIP CODE: _____

SPORT(S) PLANNING ON PARTICIPATING IN AT VRHS:

FALL: _____ WINTER: _____ SPRING: _____

FOREIGN STUDENTS (only) complete this section

COUNTRY: _____ HS GRADUATE: Yes No

EXCHANGE PROGRAM NAME: _____

RETURN TO THE ATHLETIC OFFICE ASAP IN ORDER TO BE ELIGIBLE TO PLAY