



STUDENT REGISTRATION

ATHLETIC ELIGIBILITY FORM

Student's Name:				Graduation Year:	
Date Of Birth:		Phone Number:			
Previous School:					
Previous School Address:					
Guidance Counselor:					
Is this a re-entry to Ashland High School?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever repeated a grade?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what grade?	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	
	<input type="checkbox"/> 12				
Why is the student enrolling in Ashland High School? <input type="checkbox"/> School choice <input type="checkbox"/> Moved to Ashland with parents/guardians <input type="checkbox"/> Other; Please explain: _____					

List all previous sports played at the varsity level or it's equivalent (i.e. select teams, club teams, etc.) and the number of years played in each sport. If not sure, list all sports played in high school.		
	Sport	Years
1.		
2.		
3.		
4.		
5.		

Student's Signature

Parent or Guardian Signature