

ORCHARD FARM SCHOOL DISTRICT NEW STUDENT / ACTIVITIES INFORMATION

PLEASE COMPLETE IF YOU ARE INTERESTED IN PARTICIPATING IN ANY ACTIVITIES

Today's Date _____ Student's Name: _____

Student Date of Birth _____ Male _____ Female _____

Hm. Phone #: _____ Mobile Ph. #: _____

Parent(s)/Guardian name: _____

Previous address: _____

City, State, Zip _____

Current address: _____

City, State, Zip _____

1) Has the entire family had a complete change of residence? (MSHSAA bylaw 238)

Yes _____ No _____ (everyone living in the household at the previous address moved to the new address)

Date you moved to the new address: _____

If no full family move, please answer the question on the bottom of this form.

2) Is your address within the geographic attendance area of Orchard Farm? Yes ___ No ___

3) Was your previous address in the geographic attendance area of Orchard Farm?
Yes ___ No ___

4) Name of previous school _____

School Phone # _____

School Address _____

City, State, Zip _____

** Dates you attended this school: Start Date _____ End Date _____

If you were in the above listed school less than 1 full year (365 days) list additional school attended below:

Name of additional school _____

School Phone # _____

School Address _____

City, state, zip _____

**Dates you attended this school: Start Date _____ End Date _____

