



STOCKBRIDGE COMMUNITY SCHOOLS

Panther Pride

Stockbridge Junior/Senior High School 416 N. Clinton St. Stockbridge, MI 49285
Jeff Trapp, Senior High Principal Meghan Kunzelman, Junior High Principal
Phone: 517-851-7770 Fax: 517-851-9446

Parent Checklist

Dear Parent/Guardian:

In order for a student to enroll at Stockbridge Junior/Senior High School we will need the attached paperwork filled out along with the following:

1. A copy of the student's birth certificate, baptismal certificates indicating date and place of birth, or a passport.
2. A copy of your student's complete immunization records, including the Meningococcal shot.
3. A transcript of grades from your previous school and/or the grades your student was earning at the time they exited the other school.
4. Proof of residence. This can be one of the following:
 - a. Utility or Phone bill
 - b. Mortgage
 - c. Rent receipt
 - d. Property tax bill
5. A. Does your student have an Individualized Education Plan (IEP)?
 Yes No
If yes, please bring a copy of the most recent IEP to the office.
B. Does your student have a 504 plan?
 Yes No
If yes, please bring a copy of the most recent 504 plan to the office.
6. Are there any health concerns that we need to be aware of? Please specify:

RELEASE OF RECORDS
Stockbridge Community Schools

Stockbridge Junior/Senior High School
416 N. Clinton St, Stockbridge, MI 49285
517-851-7770, Fax: 517-851-9446
fletcher@panthernet.net

Student name: _____

Date of birth: _____

Grade: _____

Name, Address and Phone number of the last school attended:

Please send the cumulative records for the student listed above, including but not limited to:

- CA-60
- Discipline reports
- Medical records and Immunizations
- Attendance Records
- Academic records, including report cards and/or transcripts
- Achievement and Aptitude tests
- Special Education

X Authorizing Signature: _____ Date: _____

Relationship to student ___ Mother ___ Father ___ Guardian



SCS JR/SR High School Technology Acceptable Policy

Stockbridge Community Schools (SCS) has developed an Electronic Information Access and Use for Educational Purposes Policy (Acceptable Use) for the Internet, school networks, computers, and related equipment. Access and use of these is a privilege for the user. I have read, understand and will abide by the Acceptable Use Policy at www.panethernet.net under Junior/Senior Chromebook Guidelines page. I agree to be responsible for and abide by all rules and regulations of this agreement. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Users having District system or Internet/email/web access accounts should be advised that they might locate material that could be considered offensive or controversial. Parents of minors should be aware of the existence of such materials and monitor home usage of the system. Users knowingly bringing or downloading such material into the school environment will be dealt with according to the discipline policies of the District and such activities may result in termination of their District system accounts. Users may be required to make full financial restitution for any intentional damages to educational technology or unauthorized expenses incurred through the use of educational technology. Staff are responsible for recommending/attending appropriate training sessions in the use and care of educational technology and users should refrain from using any technology for which they have not received training.

In consideration for the privilege of using the District's technology systems and in consideration for having access to the information contained or accessed on it, I hereby release Stockbridge Community Schools and its operators and sponsors, its faculty and staff and all organizations, groups and institutions with which the Stockbridge Community Schools is affiliated for any and all claims of any nature arising from my use, or inability to use, the District's systems.

User Name (please print): _____

User Signature: _____ Date: _____

If you are a student of Stockbridge Community Schools, a parent or guardian must also read and sign this agreement:

As the parent or guardian of this student, I grant permission for him/her to use technology and access information on the Stockbridge Community Schools network. I have read the Stockbridge Community Schools Technology Acceptable Use Policy at www.panethernet.net, and understand that this access is designed for educational purposes. I understand Stockbridge Community Schools has taken precautions to prohibit access to inappropriate materials. However, I recognize it is impossible for Stockbridge Community Schools to restrict access to all inappropriate materials and will not hold them responsible for materials acquired on the network. I understand that I may be held financially responsible for damages or unauthorized expenses incurred as a result of technology use by this student. I understand that website pages with student information may use my student's name, photo, or school work, together or separately. I may choose to opt out by providing written notification. Further, I accept full responsibility for supervision if and when my child's use of District systems is not in a school setting.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____ Date: _____

Please Return This Form With Payment

SCS Junior/Senior High Student Chromebook Insurance

Students and families have the option to purchase insurance to help cover damage to their Chromebook. This insurance will help to cover the cost of repairs if the Chromebook is ever damaged.

Insurance cost is **\$25** to be paid immediately. *This covers one accidental damage claim per year. Any additional damage is the responsibility of the student/family.*

There is a \$75 Family Cap on Chromebook insurance.

Repair Costs <i>Insurance policy covers first repair (including accident). Policy does not cover devices or parts that are lost or stolen.</i>	Broken Screen	Protective Cover	Keyboard	Power Cord	Battery	Lost Device
	\$95	\$20	\$60	\$65	\$120	\$400

Chromebook Insurance for 2019-2020 School Year

Student Name (Print) _____

I agree to the terms and conditions as noted above regarding insurance on the Chromebook.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Enclose or staple a check for \$25.00 made payable to: *Stockbridge Community Schools*

Cash is also accepted.

For Office Use Only

Student Name: _____

Payment received

Payment Type, Recieved by: _____

Stockbridge Community Schools

Male Female

Legal Last Name First MI

Street Address with PO Box

City Zip County

Student's Birth Date

Grade

Primary Phone Number: _____ Secondary Phone Number: _____

Please Circle (Optional) Asian-American Native American
 African-American Pacific Islander
 Hispanic or Latino White

Student resides with (Check all that apply):

Father & Mother Father Mother Step-Father Step-Mother Other _____

Mother Step-Mother Other _____

Name _____ Phone # _____

Address if different _____

Work Place and Phone _____ Email _____

Father Step-Father Other _____

Name _____ Phone # _____

Address if different _____

Work Place and Phone _____ Email _____

Siblings Names and Birth Dates in school district: _____

Step-Mother _____ Step-Father _____

Is there a custody situation we should be aware of? _____NO _____Yes

If yes, please explain.

Custody paperwork must be on file or the student will be released to either parent.

In case of illness or injury, we will attempt to contact custodial parents first. Please list two emergency contacts in the event that we cannot contact you.

Name	Phone	Relationship
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Name	Phone	Relationship
------	-------	--------------

Additional adults (over 18 only) your student may be released to. Only after school or any time?

Name/Phone/Relationship/When _____

Name/Phone/Relationship/When _____

Student health history: Does your child have any health conditions that we need to be aware of?

Medical Transport I understand that in most cases of emergency of my child they will be taken to the nearest hospital, which may include transportation by an ambulance at my expense. I hereby authorize medical care and agree to pay all expenses incurred as a result of care.

Parent or Guardian Signature	Date
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Social Media I give permission to Stockbridge Community Schools to post my child's name or photo on school websites including Facebook, Instagram and Twitter.

Parent or Guardian Signature	Date
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Handbook The 2022/2023 Stockbridge Junior/Senior High School Student Handbook is located at the Junior/Senior High School website. To access this site go to www.panthern.net. Under our schools, click on Junior/Senior High School. Under School Information you will find the updated student handbook for this school year. Please review the Student Handbook and the attendance policy contained within. Please acknowledge below that you have reviewed, read and understand the Student Handbook and the attendance policy. I will be responsible and accountable for my actions as a student at Stockbridge Junior/Senior High School.

Student Signature	Date
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Parent or Guardian Signature	Date
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**STOCKBRIDGE COMMUNITY SCHOOLS
TRANSPORTATION REGISTRATION**

TODAY'S DATE_____ START DATE_____

NEW STUDENT_____ RETURNING STUDENT_____

FIRST NAME_____ LAST NAME_____

STREET ADDRESS_____

MAILING ADDRESS_____

CITY_____ ZIP CODE_____

GRADE_____ SCHOOL ATTENDING_____

MOM'S NAME_____ DAD'S NAME_____

MOM'S CELL#_____ DAD'S CELL #_____

EMERGENCY CONTACT_____

RELATIONSHIP TO STUDENT_____ CONTACT #_____

TRANSPORTAION NEEDED AM___ PM___ NO TRANSPORTATION_____

ALTERNATION INFORMATION

ALTERNATIVE PICKUP ADDRESS_____ DAYS ON: M T W T H F

ALTERNATIVE DROP OFF ADDRESS_____ DAYS ON: M T W T H F

State Board of Education Approved Home Language Survey

The Stockbridge School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to sections 380.1151 – 380.1158 of the School Code of 1976, Michigan’s Bilingual Education law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building Stockbridge Junior/Senior High School, Stockbridge, MI

1. What is your child’s primary language? _____

2. If not English, what is the primary** language is used in your home? _____

Signature of Parent/Guardian

Address

Date

- The Bilingual Education Office in Spanish, Arabic, Chaldean, and other languages will make translations of this survey available.

** “Primary language” means “the dominant language used by a person for communication.



Stockbridge High School 416 N. Clinton St. Stockbridge, MI 49285 517-851-7770 Fax 517-851-9446
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Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child’s education records is disclosed to the health department. If your child is 18 or over, he or she is an “eligible student” and must provide consent for disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Stockbridge Junior/Senior High School to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student’s Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

Stockbridge Community School District

100 Price Avenue Ste. A

Stockbridge, MI

517-851-7188

Homeless Liaison Declaration Form

Student Name _____ Grade _____ Gender _____

Mailing Address _____

Date SCS was notified of homeless status _____ Date enrolled in SCS _____

Educational materials given to parent/guardian YES ___ NO ___

School of Origin _____ School of Residence _____

Check all that apply:

___ Disabled ___ Migrant ___ English Language Learner ___ Title 1 Part A Services

Race/Ethnicity:

___ Asian or Pacific Islander ___ Black, not of Hispanic Origin ___ Hispanic

___ American Indian/Native Alaskan ___ White, not of Hispanic Origin

Status:

___ Living w/ Family ___ Separated from Family ___ Foster Care Pending ___ Runaway

___ Unaccompanied Youth ___ Throwaway (kicked out of home) ___ Abandoned

___ Released from Penal Institution ___ Other, *specify* _____

Arrangements:

___ In a shelter ___ Doubled-Up ___ In a Hotel/Motel ___ Unsheltered (street, car, park, campground)

___ Unknown ___ Other, *specify* _____

Did this student

Stay in school of origin within the district _____

Attend school of origin across LEA boundaries _____

Was transportation to the school of origin provided to this student? YES ___ NO ___

Transportation Mode:

___ Add'l/Extended Bus Route ___ Public Transportation ___ Taxi ___ Contacted Service

___ Special Ed Bus/Van ___ City/County Service ___ Privately-Owned Non-Family Vehicle

___ Reimbursing Family ___ Other, *specify* _____

Programs student is enrolled in:

___ Special Education ___ English Lang. Learner ___ Gifted/Talented ___ Vocational Ed

___ Alternative School

Food and Nutrition Director Notified Immediately? YES ___ NO ___

Stockbridge Community School District

100 Price Avenue Ste. A

Stockbridge, MI

517-851-7188

Last Name	First Name	Date of Birth	School Currently Attending	Grade

Student Residency Affidavit

This affidavit is intended to address requirements of the McKinney-Vento Act, Title X, Part C of The No Child Left Behind Act. The questions below are to assist in determining if the student meets the definition of "homelessness".

Where does the student stay at night?

In a shelter

Name of shelter: _____

Other location not appropriate for living
(e. g. abandoned building)

In a hotel/motel

TEMPORARILY with more than one family in a house,
mobile home, or apartment because the family does not
have a home of their own

In a car

At a campsite

Other, please explain: _____

Does the student need transportation to and from school?

YES NO

Current address/location: _____

I, _____ declare as follows:

1. I am the parent/legal guardian of the aforementioned child/children who is/are of school age and is/are seeking admission to the Stockbridge Community School District.
2. Since _____ (date) our family has not had a permanent home.
3. If the student/students is/are not living with the parent/legal guardian, please state specific reasons why:

4. I am the parent/legal guardian of the aforementioned child/children and I choose to enroll him/her in a school other than the school of origin (school currently/last enrolled in) for the following reason(s) _____

I regularly can be contacted and/re receive my mail at:

Name: _____ Phone # _____

Address: _____

I can be reached for emergencies at:

Name: _____ Phone # _____

Address: _____

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct of my own personal knowledge and that, if called upon to testify, I would be competent to testify.

Signature: _____
(Student, Parent/Legal Guardian, or Responsible Party)

Date: _____

Form is valid for the 202_ - 202_ School Year

Copy to Superintendent and Food & Nutrition Director

Stockbridge Community Schools

School of Choice Application

Official Use Only

School District _____ Stockbridge Community Schools _____
Student was admitted as a school of choice student? Yes No Date: _____

Due _____

Student's Name _____ Grade Entering _____

School building presently attending _____

Parent/Guardian(s) _____

Street Address _____ City _____ Zip _____

Phone (home) _____ Mother's work phone _____ Father's work phone _____

School District where you currently reside: Please attach proof of residency.... for example, phone bill, mortgage payment, etc. Please do not attach a copy of your driver's license.

- | | | | |
|---------------------------------------|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dansville | <input type="checkbox"/> Holt | <input type="checkbox"/> Mason | <input type="checkbox"/> Waverly |
| <input type="checkbox"/> East Lansing | <input type="checkbox"/> Lansing | <input type="checkbox"/> Okemos | <input type="checkbox"/> Webberville |
| <input type="checkbox"/> Haslett | <input type="checkbox"/> Leslie | <input type="checkbox"/> Stockbridge | <input type="checkbox"/> Williamston |
| <input type="checkbox"/> Pinckney | <input type="checkbox"/> Chelsea | <input type="checkbox"/> Fowlerville | <input type="checkbox"/> East Jackson |
| <input type="checkbox"/> Northwest | | | |
| <input type="checkbox"/> Other _____ | (please state) | | |

Why have you decided not to go to your resident district? _____

School District where you would like to transfer: Application can only be made to one school district.

- | | | | |
|---------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dansville | <input type="checkbox"/> Holt | <input type="checkbox"/> Mason | <input type="checkbox"/> Waverly |
| <input type="checkbox"/> East Lansing | <input type="checkbox"/> Lansing | <input type="checkbox"/> Okemos | <input type="checkbox"/> Webberville |
| <input type="checkbox"/> Haslett | <input type="checkbox"/> Leslie | <input type="checkbox"/> Stockbridge | <input type="checkbox"/> Williamston |
| <input type="checkbox"/> Other _____ | (please state) | | |

Has your child been expelled or suspended from school within the last two years? YES NO

If yes, please state school and reason: _____

Does your child receive any special education services? YES NO

Parent/Guardian Signature

Date

Parent is an employee of the Stockbridge Community School District

CONCUSSION FACT SHEET FOR ATHLETES



CONCUSSION FACTS

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and until a health care professional says you are OK to return to play.



CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

WHY SHOULD I REPORT MY SYMPTOMS?

- Unlike with some other injuries, playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in your return to play.
- While your brain is still healing, you are much more likely to have another concussion.
- A repeat concussion in a young athlete can result in permanent damage to your brain. They can even be fatal.



RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

DON'T HIDE IT. REPORT IT.

Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT.

Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN.

A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.



▶ **"IT'S BETTER TO MISS ONE GAME,
THAN THE WHOLE SEASON."**



JOIN THE CONVERSATION [L➔ www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [➔ WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

NEW STUDENT FORM 2020-21 – For students who change schools after starting 9th grade

YES NO I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semester's and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grade 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____) _____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) Y N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) VACANT SOLD RENTED ALL BELONGINGS MOVED? Y N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____) _____

1. The last school the student attended _____

2. While enrolled at former school, the student lived with _____

(List ALL people & their relationship to the student - parents, siblings, or others)

YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____

(List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO School previously attended was a nonpublic or charter school.

6. YES NO Student is a "Ward of the Court/State" and was placed in this school district by court order.

7. YES NO Student is an international student enrolling from a foreign country. **Select VISA:** F1 J1

7a. YES NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: _____ Program is listed on MHSAA.com Y N

8. YES NO Student's previous school has been closed, dissolved or reorganized. (see Int. 64 & 90)

9. YES NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** ____ **Day** ____ **Year** ____

10. YES NO Student is 18 or under; or the 19th birthday is on or after Sept. 1st of this school year.

11. YES NO Last year, the student lived at a boarding school, or while enrolled out of state attended a sports academy.

12. YES NO Student is 18 and moved into this district WITHOUT his or her parents.

13. YES NO Student participated in a cooperative program involving his/her previous school and our school.

14. YES NO Student wishes to discuss her/his situation with the athletic director. **OVER →**

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g. 2019-20).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 15 stated Exceptions, the student is **INELIGIBLE** for participation in any of the sports listed above (item #15) during the **2020-2021** school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ IN THE PAST 12 MONTHS?

17. YES NO While at the previous high school the student was coached by any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

STUDENT _____ DATE _____ PARENT/GUARDIAN _____ DATE _____

NEW SCHOOL ATHLETIC DIRECTOR _____ DATE _____ SCHOOL NAME + EMAIL OR FAX _____

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge the above is true and accurate:

PREVIOUS SCHOOL ATHLETIC DIRECTOR _____ DATE _____ Form Returned to NEW School: _____ DATE _____

Notes if previous AD declines to sign: _____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2019-20 determines eligibility in 2020-21 should the student transfer and not meet one of the 15 stated Exceptions.

OVER →