

Lawrenceburg High School

Transfer Student-Athlete Information Form

Please complete this form if you plan to participate in athletics at LHS.

Student's Name: _____

Parent's/guardians name(s): _____

Current Address: _____

Former Address: _____

Phone and email: _____

Grade: _____ Age: _____ Date of Birth: _____

Former school attended/state: _____

Reason for Transfer: _____

Family info (please circle):

Parents: married divorced separated other

Parents: living deceased

Student lived with before transfer: mother father other

Student currently lives with: mother father other

Have parents/guardians moved? Yes No

Former residence: owned rented

Date left former residence: _____

New Residence: owned rented

Date of occupancy at new residence: _____

Signature of Parent/guardian: _____

Signature of Student-Athlete: _____

Date: _____