CENTER MORICHES PUBLIC SCHOOLS
Department of Health, Physical Education & Athletics

Registration Form
Athletic Participation

Date: _____ Student # _____

Entering Grade: _____ Male / Female Date of Birth _____

Name: _____ Phone: _____
Last First MI

New Address: _____
Residence in school district

With whom are you living in this district? _____

Parent Name: _____ Phone: _____

************PREVIOUS SCHOOL INFORMATION************

Previous School: _____

Sports Played in Previous School

Fall Sport _____ Level ____ Modified ____ JV ____ Varsity
Winter Sport _____ Level ____ Modified ____ JV ____ Varsity
Spring Sport _____ Level ____ Modified ____ JV ____ Varsity

Previous Address _____

With whom did you live? _____

Reason for leaving previous school _____

_____

************ACADEMIC INFORMATION*************

Year Entered 9th Grade _____ Verification _____
Counselors Initials

Have you repeated a grade in High School? _____ Yes _____ No
If yes, which grade _____

Guidance Department will forward this form to the Director of Athletics when student has been accepted for registration.