

## Baker High School Athletic Department New Student Athlete Eligibility Questionnaire

*This questionnaire should be completed by any prospective student athlete who did not attend Baker High School (or Causey Middle School) for the entirety of the previous school year. Please answer the questions below and return the questionnaire to \_\_\_\_\_ Baker High School Athletic Director.*

### GENERAL INFORMATION

Student Athlete Name: \_\_\_\_\_ Current Grade: 9 10 11 12

Date of Birth: \_\_\_\_\_ Gender: Male Female

What sport(s) are you interested in playing? \_\_\_\_\_

Date of Enrollment at Baker High School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Marital Status of Birth Parents: \_\_\_\_\_

If Divorced, student's custody is with: BIRTH MOTHER BIRTH FATHER OTHER: \_\_\_\_\_

Does the student athlete have any siblings that are still considered "dependents"? YES NO  
If yes, please provide the following information about each sibling — name, age, and current school attended.

\_\_\_\_\_

Do these siblings reside in the same household with the student athlete? YES NO  
If no, please identify the residence of these siblings: \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION

Please list the last 4 middle/high schools attended, along with enrollment and withdrawal dates (month and year).

Name of School	Middle or High School	Enrollment Date	Withdrawal Date

Did the student participate in an interscholastic athletic contest in any sport at the most recent school attended? If so, identify the sport(s). \_\_\_\_\_

### FORMER RESIDENCE INFORMATION

Address of Former Residence: \_\_\_\_\_

Status of Former Residence: SOLD FORSALE RENT/LEASE DISPOSED/UNUSED

If none of the above applies, please identify the name of the person presently residing in the residence and his/her relation to the student athlete's parents, if any. \_\_\_\_\_

\_\_\_\_\_

What date was the previous residence completely vacated? \_\_\_\_\_

**CURRENT RESIDENCE INFORMATION**

With whom does the student currently reside? \_\_\_\_\_

Does the person(s) with whom the student resides have full legal custody, joint legal custody, legal guardianship? If no legal custody has been granted, please specify. \_\_\_\_\_

Address of residence in Baker's Attendance Zone: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Residence Status:      BUYING      RENTING      LEASING      OTHER: \_\_\_\_\_

*If the residence is rented/leased, please provide the following information.*

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Lease Agreement: \_\_\_\_\_

Name Utilities Accounts Are In (power, water, telephone, etc.): \_\_\_\_\_

Utilities Provided by: \_\_\_\_\_

Connection Date of Utilities: \_\_\_\_\_

Has all mail been forwarded to the address in the Baker attendance zone?      YES      NO

Is the household furniture of the family moved into the residence?      YES      NO

*I understand that the answers to the above questions will help determine the eligibility of my child. I have answered the above questions accurately to the best of my ability.*

*Furthermore, I understand that all principal members of my family must reside at the new address for nine months for our move to be considered a "bona fide" move and for my child to remain eligible.*

*If the status of any of the following bulleted items changes over the next nine months, I will contact the school immediately to notify them of this change:*

- *The family moves to a new address (in or out of Baker's attendance zone)*
- *The family purchases a property outside of Baker's attendance zone or returns to the previous residence*
- *Any principal member of the family (parent or sibling) changes residency*
- *Any dependent sibling withdraws from his or her current school or enrolls in a new school*

*I understand that knowingly providing inaccurate information to any of the above questions or failing to notify the school of a change in status in any of the bulleted items above could jeopardize the eligibility of my child for the remainder of this school year and next school year.*

Parent Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_