

**SCHOOL DISTRICT 877 / BUFFALO HIGH SCHOOL
NEW STUDENT / TRANSFER INFORMATION FORM**

Student Name: _____ Male or Female
Birthdate: _____ Grade Enrolling in School: _____
Address in District 877: _____
City / State / Zip: _____
Parent(s) / Guardian(s): _____

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Master Eligibility Information

1. Date of Enrollment in Buffalo High School: _____
2. Have you attended another High School? **Yes or No**
If yes, what is the phone number: _____
What is the name of the High School: _____
What is the address of that school: _____
When was the approximate date(s) you attended the other school: _____
What school years did you attend at the other school: _____
3. When are you or when did you move to School District 877: _____
Who are you living with in our District: _____
Is this your mother: **Yes or No** Is this your father: **Yes or No**
If no, what relation do you have with this person(s): _____
4. Foreign Exchange Students only: What program sponsored you: _____
5. Are you entering our high school with an open enrollment option: **Yes No Not Sure**
6. Circle the activities in which you have participated in at your other school:

Volleyball	Golf	Baseball	Newspaper/Yearbook
Cross Country	Hockey	Tennis	Lacrosse
Basketball	Wrestling	Student Council	Drama/Theatre
Football	Soccer	Track & Field	Mock Trial
Swim/Diving	Gymnastics	Cheerleading	FFA
Band	Choir	Softball	Knowledge Bowl
Dance Team			National Honor Society
7. What activities would you like to participate in at Buffalo High School:
