



Service Ownership Achievement Respect
Activities Director – Mark Mundell / Administrative Asst. – Rachel Bowling
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NEW STUDENT / ACTIVITIES INFORMATION

PLEASE COMPLETE IF YOU ARE INTERESTED IN PARTICIPATING IN ANY ACTIVITIES (see list bottom of page)

Today's Date _____ Student's Name: _____ Date of Birth _____

Male / Female (please circle one) Hm. Phone #: _____ Mobile Ph. #: _____

Parent(s)/Guardian name: _____

Previous address: _____ City, State, Zip _____

Current address: _____ City, State, Zip _____

1) Has the entire family had a complete change of residence? (by Law 238) Yes ___ No ___
 (everyone living in the household at the previous address moved to the new address)

Date you moved to the new address: _____

2) Is your address within the geographic attendance area of Staley H.S. ? Yes ___ No ___

3) Was your previous address in the geographic attendance area of Staley H.S.? Yes ___ No ___

4) Name of previous school _____ School Phone # _____
 School Address _____ City _____ State _____ Zip _____

** Dates you attended this school: Start Date _____ End Date _____

****If you were in this school less than 1 full year (365 days) list any additional schools attended below**:**

Name of additional school _____ School Phone # _____

School Address _____ City _____ State _____ Zip _____

Dates you attended this school: Start Date _____ End Date _____

Current Grade in School (please circle one) 7th 8th 9th 10th 11th 12th

Please CIRCLE the following Activities you are interested in:

Vocal Music Instrumental Music Speech & Debate Cheerleading Dance Team

Drill Team/Winter Guard Academic Team Sports (Please specify) _____

*** I certify that this information is legally accurate : _____ ***
 (we must have signature, and date, of parent/guardian to process) (signature & date of parent/guardian)

Office Use Only: Rec. _____ Reg. _____ Filed MSHSAA _____ Dec. _____