

SPORTS ATHLETE INFORMATION CARD

Student ID# _____

Name _____ Grade _____
Last First Middle

Address _____ Telephone _____

Birthday _____ Age _____

Parent or Guardian Name _____

Address _____

School attended last year _____
Name of School City State

Number of years at South _____ Number of courses enrolled off campus _____

Number of courses enrolled this semester _____ Courses failed last semester _____

Number of courses enrolled last semester _____ Teacher / Office Aide: Yes No
(Check One)

Name of sport in which you are participating

Signature of Athlete