



## St. Joseph's Preparatory School Transfer Application into Class of 20 \_\_\_\_

**Please print or type the following information clearly:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Suffix (Jr., etc.): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Local Public School District: \_\_\_\_\_

Father: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_  
(Title / Full Name)

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_  
(Title / Full Name)

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Name of Current High School: \_\_\_\_\_ Circle Current Grade: 9 10

Street, City, State, Zip: \_\_\_\_\_

Previous Grammar School: \_\_\_\_\_

List names of relatives who have or who are presently attending The Prep (include full name, year of graduation, and relationship to applicant):

(Name)	(Class of)	(Relationship)
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**Please answer the following questions on a separate sheet:**

- Have you ever received recognition/commendation for excellence in your studies? If yes, what type of recognition/commendation?
- List the extra-curricular activities (non-athletic & athletic) at your school in which you have participated. Please include leadership and service opportunities.
- Why are you interested in transferring to St. Joseph's Prep?

**Check those which apply:**

Applied to St. Joseph's Prep as an 8<sup>th</sup> grader [ ] Completed Pre-8th Grade [ ] Completed Pre-Prep [ ]

Does your family intend to apply for financial aid? Yes [ ] No [ ]

St. Joseph's Preparatory School does not discriminate on the basis of race, color, creed, national and ethnic origin in administration of its education policies, admission policies, financial aid program, and athletic and other school administered programs.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_