

# POPE JOHN XXIII HIGH SCHOOL

## TRANSFER APPLICATION 2017-2018



### STUDENT INFORMATION: TYPE OR PRINT CLEARLY IN BLACK INK

SEX:  MALE  FEMALE

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

PHONE #: \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

BIRTH PLACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARISH: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
NAME CITY/TOWN

SCHOOL YOU NOW ATTEND: \_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_  
TRANSFERRING INTO GRADE:  9  10  11  12

TRANSFER INTO:  1ST SEMESTER  2ND SEMESTER

FAMILY INFORMATION: CHECK IF APPROPRIATE:  PARENTS TOGETHER  PARENTS SEPARATED  
 PARENTS DIVORCED

GUARDIAN (IF APPLICABLE): \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

NAMES AND AGES OF BROTHERS: \_\_\_\_\_

NAMES AND AGES OF SISTERS: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES THAT CURRENTLY ATTEND POPE JOHN ?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

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### STUDENT INTEREST:

LIST FOREIGN LANGUAGES YOU SPEAK OR HAVE STUDIED:

\_\_\_\_\_

WHAT SPORTS/MUSIC INSTRUMENTS DO YOU PLAY?

\_\_\_\_\_

WHAT OTHER ACTIVITIES INTEREST YOU?

\_\_\_\_\_

### **PERSONALITY TRAITS:** (CHECK ALL THAT BEST DESCRIBE YOU):

- |                                      |                                      |                                      |   |                                   |
|--------------------------------------|--------------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> FRIENDLY    | <input type="checkbox"/> RESPONSIBLE | <input type="checkbox"/> SPONTANEOUS | <input type="checkbox"/> OPTIMISTIC     | <input type="checkbox"/> RESERVED |
| <input type="checkbox"/> INDEPENDENT | <input type="checkbox"/> ADAPTABLE   | <input type="checkbox"/> INSECURE    | <input type="checkbox"/> PATIENT        | <input type="checkbox"/> ACTIVE   |
| <input type="checkbox"/> OUTGOING    | <input type="checkbox"/> SERIOUS     | <input type="checkbox"/> NEAT        | <input type="checkbox"/> CALM           | <input type="checkbox"/> SHY      |
| <input type="checkbox"/> OPEN        | <input type="checkbox"/> POLITE      | <input type="checkbox"/> SENSITIVE   | <input type="checkbox"/> QUICK-TEMPERED |                                   |

WHY DO YOU WANT TO ATTEND POPE JOHN XXIII HIGH SCHOOL? WHAT CONTRIBUTIONS DO YOU FEEL YOU COULD MAKE TO THE POPE JOHN COMMUNITY?(ACADEMICS, SPORTS, ETC)

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**TO THE STUDENT:** PLEASE PRINT YOUR NAME AND SIGN BELOW.

STUDENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO THE PARENT/GUARDIAN:** PLEASE PRINT YOUR NAME AND SIGN BELOW.

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### TEACHER/COUNSELOR RECOMMENDATION LETTER:

**TO THE TEACHER/COUNSELOR:** IN ORDER TO GAIN A BETTER UNDERSTANDING OF THE STUDENT, WE ASK YOU TO COMMENT ON THE APPLICANT'S GENERAL ABILITIES AND ATTITUDE TOWARD HIS/HER STUDIES, AND WHETHER YOU RECOMMEND THE STUDENT TO US. PLEASE COMPLETE THE INFORMATION BELOW AND ATTACH YOUR RECOMMENDATION LETTER, WHICH WILL BE KEPT CONFIDENTIAL.

### PLEASE ATTACH TRANSCRIPTS AND ANY OTHER STANDARDIZED TEST SCORES.

NAME OF STUDENT: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE STUDENT? \_\_\_\_\_

PLEASE DESCRIBE YOUR COURSE:

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HOW DOES THIS STUDENT COMPARE TO OTHERS IN CLASS? WHAT ARE THE STUDENT'S STRENGTHS AND WEAKNESSES?

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TEACHER'S/COUNSELOR'S NAME: \_\_\_\_\_

SCHOOL /PH #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_