

POPE JOHN XXIII HIGH SCHOOL

TRANSFER APPLICATION 2019-2020



STUDENT INTEREST:

LIST FOREIGN LANGUAGES YOU SPEAK OR HAVE STUDIED:

WHAT SPORTS/MUSIC INSTRUMENTS DO YOU PLAY?

WHAT OTHER ACTIVITIES INTEREST YOU?

HAS YOUR ACADEMIC HISTORY INCLUDED ANY TYPE OF LEARNING ACCOMMODATIONS, INCLUDING A 504 PLAN OR AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?

YES NO

IF YES, PLEASE PROVIDE RELATED DOCUMENTATION WITH THIS APPLICATION.

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)

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

STUDENT NAME: _____

SIGNATURE: _____ DATE: _____

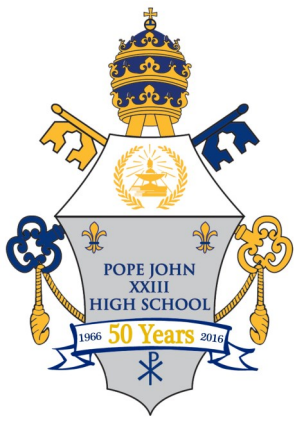
TO THE PARENT/GUARDIAN: PLEASE PRINT YOUR NAME AND SIGN BELOW.

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:

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

TEACHER'S/COUNSELOR'S NAME: _____

SCHOOL /PH #: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____