



# SACRED HEART HIGH SCHOOL

Accredited by Middle States Association of Colleges and Schools

## TRANSFER STUDENT APPLICATION

### STUDENT PERSONAL INFORMATION:

_____	_____	_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME		
_____	_____	_____	_____	_____
HOME ADDRESS	APT#	CITY	STATE	ZIP
_____	_____	_____	_____	_____
HOME TELEPHONE NUMBER	PARENT CELL NUMBER	DATE OF BIRTH		
_____	_____	_____	_____	_____
PARENT/GUARDIAN NAME	PARENT/GUARDIAN EMAIL ADDRESS			
_____	_____	_____	_____	_____
RESIDES WITH	RELIGIOUS AFFILIATION	PARISH/PLACE OF WORSHIP		

### EDUCATIONAL BACKGROUND:

_____	_____
NAME OF CURRENT SCHOOL	CURRENT GRADE LEVEL
_____	_____
ADDRESS OF CURRENT SCHOOL	
_____	_____
GUIDANCE COUNSELOR NAME	GUIDANCE COUNSELOR PHONE NUMBER

### **THIS SECTION IS TO BE COMPLETED BY THE STUDENT**

Please discuss your reason(s) for seeking a transfer to Sacred Heart High School:

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Please list any extracurricular activities in which you have been involved at your current school:

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In what activities would you like to participate at Sacred Heart High School?

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return this completed form to the address or email address provide on the front of the form.