



**ST. VINCENT - ST. MARY HIGH SCHOOL
APPLICATION - Transfer Student
Academic Year 2008-2009**

Office use only
Date received: _____
Test Score: _____

All information requested must be completed by parent or guardian. All sections must be completed. Please print.

Student's Full Name: _____
Last First Middle

Preferred Name: _____ Male Female

Date of Birth: ____/____/____ **E-Mail Address:** _____

Home Address: _____
Number Street City State Zip

Telephone Number: (____) _____ **Social Security Number** _____

Student Lives With: Father & Mother Father Mother Father & Stepmother Mother & Stepfather Other _____

School now attending: _____ **Current Grade:** (circle one) 9 10 11

School Phone: (____) _____ **FAX:** (____) _____

Local Public School District: _____ **Schools Previously Attended:** _____

Father: Mr. Other _____
First Name M.I. Last Name

Home Address if *different* from applicant: _____
Number Street City State Zip

Home Telephone Number if *different* from applicant: (____) _____

Mother: Mrs. Ms. Other _____
First Name M.I. Last Name

Home Address if *different* from applicant: _____
Number Street City State Zip

Home Telephone Number if *different* from applicant: (____) _____

Student's Religion: _____ **Parish or Church:** _____

Academic clubs: _____

Service clubs or projects: _____

Religious or other parish/church involvement: _____

Sports: _____

Other activities: _____

Have you applied to another school? _____ **If yes, what school and when?** _____

ATTACH STUDENT'S
MOST RECENT
SCHOOL PICTURE
HERE.

CUT TO FIT
IF NECESSARY.

TO PARENTS OR GUARDIANS: I hereby grant permission to release to St. Vincent - St. Mary High School our child's records including: Transcript and/or grades, Standardized test scores, Proficiency test scores, Attendance and Disciplinary records, MFE, IEP, or Special Education records

Print name of parent or guardian

Signature of parent or guardian

Date

Please fill out the names of your family members who are attending St. Vincent - St. Mary High School or who have graduated .

Name	Relationship	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brothers and Sisters

Name	Date of Birth	M/F	Current School	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENT: In your own words and handwriting, please respond to the following questions. (Please use black ink pen.)

What are your reasons for choosing St. Vincent - St. Mary High School? _____

What are three things about yourself you would like us to know? _____

Signature of Student: _____ Date: _____

HOW TO APPLY

- *Send this completed application/questionnaire to Admissions Office, St. Vincent - St. Mary High School, 15 N Maple St., Akron, OH 44303 along with a copy of your high school records.*
- *Our Admissions Committee will review your records (grades, standardized test scores, attendance, and behavior) and will notify you of their decision.*
- *Please contact Mrs. Joanne Wiseman, Director of Admissions, for questions regarding admission at 330.253.9113, ext. 15.*