



9th Grade Enrollment:

Transfer Student:

Grade Level:

Previous HS:

Additionally, please submit the following:

- Copy of Birth Certificate
- Copy of Health Records
- If applicable, a copy of IEP or 504 Plan

To complete your application, please submit the following:

- Copy of Health Records
- Unofficial Transcript and/or Grades in Progress
- Discipline/Attendance Record – ATTACHED (From a discipline tracking school program)
- Copy of Birth Certificate
- Letter of Reference (Principal, teacher, or academic advisor at youth/scholarship organization).
- If applicable, a copy of IEP or 504 Plan

STUDENT INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Birthdate: _____ Social Security #: _____

Gender: M F Place of Birth: _____ Ethnicity (Choose one): Hispanic/Latino No, not Hispanic/Latino

Race (Choose all that apply): Black White Native American Middle Eastern/North African Asian

Religion: (Choose one): Catholic Christian Muslim Jewish Buddhist Other _____

Place of Worship: _____ Place of Worship Address: _____

Elementary School: _____ Elementary Address: _____

Does the student have an IEP (Individualized Education Plan) or 504? No Yes (Please include copy.)

Does the student speak another language, other than English? No Yes, if so which one: _____

Does the student currently receive Title 1 Services? Yes No

PARENT INFORMATION

Guardian #1 Name: _____ Relationship to Student: _____

Cell Phone #: _____ Work Phone #: _____ Place of Employment: _____

Email Address: _____ English Speaking? Yes No _____

Guardian #2 Name: _____ Relationship to Student: _____

Cell Phone #: _____ Work Phone #: _____ Place of Employment: _____

Email Address: _____ English Speaking? Yes No _____

Marital Status: Married Divorced Separated Single Father Deceased Mother Deceased

Mother re-married, stepfather's name: _____ Cell Phone #: _____

Father re-married, stepmother's name: _____ Cell Phone #: _____

Is this student a ward of the state? No Yes (Include copy of documents.)

Does student have a legal guardian/adoptive parent? No Yes (Include copy of documents.)

Who is responsible for school-related decisions? Both Parents Mother Father Guardian: _____

If the student does NOT live with parents, please explain the relationship & responsibilities of the designated guardian:

Are there any restrictions? Please explain: _____

EMERGENCY CONTACT INFORMATION *If there is an emergency with your student and we are not able to contact you, who may we contact? (Please do not list parents.)*

Emergency Contact #1 Name: _____ Relationship to Student: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #2 Name: _____ Relationship to Student: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Physician Name: _____ Physician Phone: _____

Insurance Carrier: _____ Policy Number: _____

Does your student have health issues we need to be aware of? No Yes _____

Prescription medications? _____

SIBLING INFORMATION

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

ALUMNI INFORMATION

Are any family members graduates of Holy Trinity High School?

Name: _____ Graduation Year: _____ Relationship to Student: _____

Name: _____ Graduation Year: _____ Relationship to Student: _____

Name: _____ Graduation Year: _____ Relationship to Student: _____

HIGH SCHOOL DECISION QUESTIONS

I attended: Open House Shadow Day Other _____

I was referred to Holy Trinity by _____

I participate in the following after school/tutoring programs (check all that apply): Metro Achievement Center

Midtown Center High Jump HighSight Chicago Lights Horizons for Youth Other: _____

How did you hear about today's Exam?

Postcard Email Text Message HT Website Poster at my school

CTA Ad HT student/staff called me Other: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Transfer Student Application

Sophomore Junior Senior

TRANSFER STUDENT ESSAYS

1) Reasons for leaving current high school? _____

2) Why do you want to attend Holy Trinity High School and what made you choose Holy Trinity, please explain? _____

3) What activities are you involved in at your current school/local community (including sports, clubs, community service, social activities, community groups, churches, etc.)? _____

How did you hear about Holy Trinity? _____

Do you know anyone who attends Holy Trinity currently? _____

If yes, Name/Relationship to you: _____

Has anyone in your immediate family graduated from Holy Trinity? _____

If yes, Name/Relationship to you: _____

APPLICANT SIGNATURE: _____ **DATE:** _____



Discipline/Attendance Record

Student Name: _____ Year in school: _____

School Transferring from: _____

Parent/Guardian signature: _____ Date: _____

Student signature: _____ Date: _____

Dates of Attendance	From:	To:
	Total # of days absent:	Total # of dates tardy:

To the best of your knowledge, has this student ever been involved in any of the following incidents? If the answer is "yes," please indicate the number of times the student was involved.

- | | | | |
|--|----|-----|------------------|
| 1. Truancy from class (cutting) | NO | YES | # OF TIMES _____ |
| 2. Truancy from school | NO | YES | # OF TIMES _____ |
| 3. Fighting | NO | YES | # OF TIMES _____ |
| 4. Theft | NO | YES | # OF TIMES _____ |
| 5. Possession/use of weapons | NO | YES | # OF TIMES _____ |
| 6. Possession of alcohol or other drugs | NO | YES | # OF TIMES _____ |
| 7. Selling of drugs or drug paraphernalia | NO | YES | # OF TIMES _____ |
| 8. Disrespect to teachers or other persons in authority | NO | YES | # OF TIMES _____ |
| 9. Disorderly conduct | NO | YES | # OF TIMES _____ |
| 10. Has this student ever been suspended? | NO | YES | # OF TIMES _____ |
| 11. Has this student been expelled? | NO | YES | |
| 12. Would you allow this student to return to your school? | NO | YES | |
| 13. Abuse of electronic or social media? | NO | YES | |

Please give details or explain above statements: _____

TITLE OF PERSON COMPLETING THIS FORM: _____

SIGNATURE: _____

PHONE NUMBER: _____

School Seal Required Here:

Please return this form to Holy Trinity HS at the address below, Attn: Admissions
 1443 West Division Street, Chicago, IL 60642 P|773.278.4212 F |773.278.0144 www.holytrinity-hs.org