



ST. JOSEPH HIGH SCHOOL

Dear Parent:

Thank you for your interest in St. Joseph High School. Enclosed is a Transfer Application Form that is designed for current high school students who are seeking enrollment at St. Joseph High School.

Please use the attached checklist to obtain the following information from the current high school:

- Official transcript from current high school**
- Health records, including physical/immunization records**
- Entrance exam scores or any other testing results**
- Illinois Student Transfer Form 33-78 (attached, to be completed by Registrar at current school)**
- Discipline Record Report Form (attached, to be completed by Dean at current school)**
- Special education records, including Individual Education Program and multidisciplinary staff conference reports, neurological, psychiatric, social work reports and observations**

Once the St. Joseph High School Admissions Office has received the completed application with all necessary documentation as listed above, as well as the attached biographical information, you will be contacted by phone. The purpose of this phone call will be to notify you of your student's status of enrollment at St. Joseph High School. If accepted, the application process then concludes with an interview with the student and parent to discuss courses and tuition. A \$400.00 tuition deposit is required at this time.

Your cooperation with all aspects of the transfer process is greatly appreciated. If any further assistance is needed, please do not hesitate to call.

Sincerely,

Tricia McGleam
Director of Student Admissions
tmcgleam@stjoeshs.org
P) 708-562-4433 x:117
F) 708-562-4459

Release of High School Student Records

Please provide this form to your student's current high school to obtain all necessary paperwork. Your application cannot be reviewed by the St. Joseph High School Admissions Office until all necessary forms are completed and added to your student's transfer file.

I _____, hereby give my permission to have the following student records released related to
Parent/Guardian Name

Student Name

_____ **Official transcript from current high school**

_____ **Health records, including physical/immunization records**

_____ **Entrance exam scores or any other testing results**

_____ **Illinois Student Transfer Form 33-78 (attached, to be completed by Registrar at current school)**

_____ **Discipline Record Report Form (attached, to be completed by Dean at current school)**

_____ **Special education records, including Individual Education Program and multidisciplinary staff conference reports, neurological, psychiatric, social work reports and observations**

Send records to:

**St. Joseph High School
Admissions Office
10900 West Cermak Road
Westchester, IL 60154-4170**

Parent/Guardian Signature

Date

ILLINOIS STATE BOARD OF EDUCATION
 Accountability Division, E-310
 100 North First Street
 Springfield, Illinois 62777-0001

STUDENT TRANSFER FORM

In accordance with Section 2-3.13a of the School Code, all public school districts are to provide this form to any student who is moving out of the school district to verify whether or not the student is "in good standing" and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. "In good standing" means that the student is not being disciplined by an out-of-school suspension or expulsion, and is entitled to attend classes, as of the date of this form. No public school district is required to admit a new student unless they can produce this form from the student's previous Illinois public school district.

NAME OF STUDENT (Last, First, Middle)	BIRTHDATE (Month, Day, Year)	GENDER	GRADE LEVEL
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ADDRESS OF STUDENT

NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE
	Home Work

ADDRESS OF PARENT OR GUARDIAN

Please check (✓) the appropriate box.

- I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form.
- The above student's medical records are **not** up-to-date and complete as documented in the student's permanent records.
- I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from _____ until _____; but is entitled to transfer in accordance with Section 2-3.13a (105 ILCS 5/2-3.13a), unless the receiving district has, pursuant to Section 2-3.13a, adopted a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion.
- I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from _____ until _____ and is **not** eligible for transfer for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.); for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis; or for battering a staff member of the school.

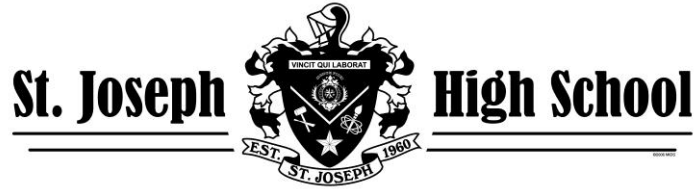
NAME OF PRINCIPAL	SCHOOL PHONE	COUNTY
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DISTRICT NAME	DISTRICT ADDRESS (City, State, Zip Code)
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Date

Signature of Principal

ISBE 33-78 (11/04)



Discipline Record Form

To: Dean of Students at _____
Name of Current High School

I, _____ have applied for admission to St. Joseph High School. You are hereby
Student Name
 authorized to release the information requested below.

Student _____ Parent _____
Signature Signature

1. Period of time in question _____ to _____
2. Attendance record: Days absent _____ Times tardy _____
3. Class attendance: Are there any records of class cuts during this time? _____
 If so, how many classes? _____
4. Discipline: Are there any notations on the student's disciplinary record of the following problems?
 If yes, please explain in the space provided below.

	Yes	No
Truancy	___	___
Smoking violation	___	___
Falsifying information, notes, etc.	___	___
Drug or alcohol violation	___	___
Major misconduct (fighting, stealing, etc.)	___	___
Excessive detentions	___	___
Other problems (explain below)	___	___

5. Do you know of any reason this student should not be accepted to St. Joseph High School? _____
 If yes, please explain _____

Dean Signature Date Dean Phone Number

St. Joseph High School Transfer Student Biographical Information (1/3)

Date _____ Student gender: M ___ F ___

Name _____
Last First Middle

Address _____ City _____ State _____ ZIP _____

Phone _____ Birth date _____ Birth city _____

Ethnic background: African American ___ Asian ___ Bi-racial ___ Caucasian ___ Hispanic ___ Native American ___

Language spoken at home _____

Grammar school attended _____

Grammar school address _____

Religion: Catholic ___ Christian ___ Baptist ___ Presbyterian ___ Lutheran ___ Other _____
Please indicate

Parish name _____

Parish address _____

High school transferring from _____ Year of graduation _____

School address _____

List all previous high schools and dates of attendance:

Career GPA _____ Career class rank _____ Career credits _____

Did you ever take a placement test for high school admissions? Yes ___ No ___ If yes, where? _____

Explain any reason(s) for leaving your current high school:

St. Joseph High School
Transfer Student Biographical Information (2/3)

Student name _____

Do you live with both parents? Yes ___ No ___ Are parents separated/divorced? Yes ___ No ___

If divorced, indicate which parent has legal custody: Mother ___ Father ___ Joint ___

Mother's name _____
Last First Middle

Address _____ City _____ State _____ ZIP _____

Phone _____ Cell phone _____

Mother's occupation _____ Employer _____

Work address _____

Work phone _____ Email _____

High school attended _____ Year of graduation _____

Father's name _____
Last First Middle

Address _____ City _____ State _____ ZIP _____

Phone _____ Cell phone _____

Father's occupation _____ Employer _____

Work address _____

Work phone _____ Email _____

High school attended _____ Year of graduation _____

St. Joseph High School
Transfer Student Biographical Information (3/3)

Student name _____

Emergency Information – contact should be adults other than parents/guardians

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Authorized Pick-up – list those who are authorized to pick up your student from school

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please note - Your student will NOT be released to any person that is not listed as an authorized pick-up.



Disabilities and Medical History Form

Date _____

Student name _____

Check the appropriate blanks if your child has medical and/or psychological difficulties in any of the following areas.

- A____ Vision/Glasses/Contact lenses
B____ Hearing loss
C____ Speech
D____ Extremities
E____ Epileptic
F____ Diabetic
G____ Allergy
H____ Heart
I____ Bleeder
J____ Nerves/Emotional
K____ Respiratory/Asthma
L____ Stomach
M____ Obese
N____ No contact sports
O____ No interschool sports
P____ Gastro Urinary
Q____ Has received professional treatment for emotional problems or a professional evaluation
R____ Brain surgery
S____ Hypertension/High blood pressure
T____ Attention Deficit Disorder/ADD
U____ Depression
X____ Other. Please specify _____
W____ Is the student on any medication prescribed by a physician? If yes, please explain:

SP____ Has the student received special education services at any time? If yes, please explain:

Any additional comments _____

Parent/Guardian signature _____