



Transfer Student Application for Admission

FOR OFFICE USE ONLY
STUDENT ID NUMBER:

Directions: Complete and submit this application along with an unofficial transcript from the student's current school, and the \$30 application fee to:

Admissions
Joliet Catholic Academy
1200 N. Larkin Avenue
Joliet, IL 60435-3777

(Please print or type)

I. STUDENT INFORMATION

Student's Name _____ Male Female
last first middle

Home Address _____ Subdivision _____

City _____ State _____ Zip Code _____

Home Phone _____ Student's Mobile Phone _____

Student's E-mail _____

Date of Birth _____ Place of Birth _____
city state county

Please list the name and phone number of a person other than an immediate family member that knows your address and phone number:

How did you hear about JCA? School Visit / Event Media (Online / Newspaper / Radio) Current Student or Alum Other _____

II. EDUCATIONAL STATUS

Grade you plan on entering into when you become a student: 9 10 11 12

Term you are interested in enrolling: Fall of _____ Spring of _____
year year

Name of the high school you are currently attending: _____

Enrollment status: Good Standing Suspended Expelled

List the names of any additional high schools you have attended: _____

Have you ever been under expulsion or suspension? Yes No

Name of grammar school/middle school/junior high you graduated from: _____

III. SPECIAL EDUCATION INFORMATION

Do you have a current IEP? Yes *(Submit a copy with application)* From what school district? _____ No

IV. ACCOMMODATIONS/SERVICES

Check the accommodations/services below that you are currently receiving or have been recommended to receive:

504 *(Submit a copy with application)* Title I Reading Title I Math Learning Disabilities Behavior Disorders Speech Pathology
 Specialized Instruction Other *(please specify)* _____

V. RELIGIOUS INFORMATION

What is your religious affiliation? Catholic Protestant *(which branch, ie. Baptist, Lutheran, etc.)* _____
 Eastern Orthodox Jewish Other *(please list)* _____

List the name and address of your parish/church/synagogue: _____

Street Address _____ City _____ State _____ Zip _____

VI. ETHNIC BACKGROUND

Check the background with which you most closely identify:

Caucasian Black (*not of Hispanic origin*) Hispanic American Indian or Alaskan Native Asian or Pacific Islander (*also known as Oriental*)

VII. FAMILY INFORMATION (PLEASE PRINT)

Student lives with: (*check appropriate box*) Both parents Father only Mother only Guardian(s)

Father/Stepfather/Guardian (*circle one*) _____
first *last*

Living Deceased Religion _____ Occupation _____

Company Name _____ Company Phone () _____

E-mail Address _____ Cell Phone () _____

DLS/JCHS/JCA Alumni (*check appropriate box*) No Yes, Class of _____

Mother/Stepmother/Guardian (*circle one*) _____
first *last* *(maiden)*

Living Deceased Religion _____ Occupation _____

Company Name _____ Company Phone () _____

E-mail Address _____ Cell Phone () _____

SFA/JCA Alumni (*check appropriate box*) No Yes, Class of _____

List the names of any brothers or sisters currently attending Joliet Catholic Academy:

Name: _____ Current Year: _____

Name: _____ Current Year: _____

List the names of any younger brothers or sisters:

Name _____ School Attending: _____ Current Grade _____

Name _____ School Attending _____ Current Grade _____

Name _____ School Attending _____ Current Grade _____

List the names of other family members who are alumni of SFA, DLS, JCHS, or JCA:

Name _____ Relationship _____ Class Year _____

Name _____ Relationship _____ Class Year _____

As a parent/legal guardian of the above named child, my permission is given to release to Joliet Catholic Academy my student's school records, including, but not limited to confidential academic, special education and disciplinary information, and records concerning my child. I also grant permission for Joliet Catholic Academy to dialogue openly with appropriate parties at my child's current school about matters related to admissions and placement. I certify that the information provided on this application is accurate and true. I understand that falsified or incomplete information may result in the denial of admission and/or termination of enrollment at Joliet Catholic Academy.

I understand Joliet Catholic Academy will not accept my student if he/she is suspended or expelled from his/her school.

Student's Signature: _____ Date: _____

Mother's/Guardian's Signature: _____ Date: _____

Father's/Guardian's Signature: _____ Date: _____

Joliet Catholic Academy does not discriminate on the basis of age, race, color, sex, or national origin.

VIII. TRANSFER STUDENT QUESTIONNAIRE

Please answer the following questions honestly and completely. The purpose of the following questions is to assist Joliet Catholic Academy in gathering a complete profile of the applicant. This information will be used to assess the student's eligibility. Missing or incorrect items will delay the application process.

Introductory Questions

What is your reason for requesting to transfer to Joliet Catholic Academy?

Do you know any students who are currently attending JCA? Yes No If yes, provide no more than three names of students you know.

Academic History

Has this student ever failed a high school course? Yes No If yes, please list the course(s) and what, if any, make up credit was completed as well as where it was completed.

Has this student missed more than 10 days of school in one academic year? Yes No If yes, please list the reason(s) for the absences.

Has this student ever been on academic probation? Yes No If yes, for how many semesters?

Has this student ever received or been recommended to receive academic services (i.e. Sylvan Learning Center, Learning Resource Tutoring)? Yes No If yes, please list services.

Behavior History

Has this student ever been placed on disciplinary probation? Yes No If yes, list the school where the student was placed on disciplinary probation and explain the circumstances.

Has this student ever been suspended from school? Yes No If yes, list the school where the student was suspended and explain the circumstances.

Has the student ever be expelled from school, dismissed from school, or not permitted to return to school? Yes No If yes, list the school where the student was expelled from, dismissed from, or not permitted to return to and explain the circumstances.

Has this student ever been accused of or convicted of a crime? Yes No If yes, please explain.

Personal History

Was this student ever recommended for drug and/or alcohol evaluation and/or treatment? Yes No If yes, please explain.

Is this student on medication? Yes No If yes, please indicate what the medication is for.

Has this student received, or been recommended to receive, mental health counseling? Yes No If yes, please explain.

Extracurricular History

List any clubs and/or organizations, either in our out of school, in which you have participated.

List any volunteer activities that you have been involved in through your parish and/or community.

List any high school clubs and/or teams that you have participated in along with the year of participation. (i.e. Football Manager - Freshman; Math Team - Sophomore)

List any school, parish, community, and/or athletic awards or recognitions that you have received.

IX. ACTIVITY INFORMATION

Check the activities and/or sports that you are interested in (*check all that apply*).

- | | | | | |
|--|---|---|---|---------------------------------|
| <input type="checkbox"/> Art & Literary Club | <input type="checkbox"/> Drama Club | <input type="checkbox"/> Medical Science Club | <input type="checkbox"/> Student Newspaper | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Band | <input type="checkbox"/> eHill Sports | <input type="checkbox"/> Movie Club | <input type="checkbox"/> Swimming | _____ |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Empowerment Club | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Tennis | _____ |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Pickleball Club | <input type="checkbox"/> Tech Club | _____ |
| <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> French Club | <input type="checkbox"/> Robotics Club | <input type="checkbox"/> Track & Field | _____ |
| <input type="checkbox"/> Big / Little Buddies | <input type="checkbox"/> Future Teachers Club | <input type="checkbox"/> Scholastic Bowl | <input type="checkbox"/> Vocal Ensemble | _____ |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf | <input type="checkbox"/> School Play | <input type="checkbox"/> Volleyball | _____ |
| <input type="checkbox"/> Chess Club | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> School Musical | <input type="checkbox"/> Weight Room | _____ |
| <input type="checkbox"/> Clash Royale Club | <input type="checkbox"/> Hillzone | <input type="checkbox"/> Soccer | <input type="checkbox"/> Women's History Club | _____ |
| <input type="checkbox"/> Cooking Club | <input type="checkbox"/> Honor Societies | <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling | _____ |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Intramural Sports | <input type="checkbox"/> Spanish Club | <input type="checkbox"/> Yearbook | _____ |
| <input type="checkbox"/> Cultural Diversity Club | <input type="checkbox"/> Key / Leo Club | <input type="checkbox"/> Student Ambassadors | | |
| <input type="checkbox"/> Dance Team | <input type="checkbox"/> Math Team | <input type="checkbox"/> Student Council | | |

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