# St. Vincent-St. Mary High School

**Transfer Student Application**
**Academic Year 2017-2018**

Our Mission
In the spirit of the Gospel,
we are committed
to educate the whole person
to lead and to serve;
enlightening the mind,
developing the body,
touching the heart,
and inspiring the soul.

*All information requested on this page must be completed by parent/guardian. All sections must be completed. Please print.*

*Office use only*

*Date received:* _____

**Student's Full Name:** _____
Last First Middle

**Preferred Name:** _____ ❑Male ❑Female ❑EdChoice eligible ❑EdChoice renewal

**Date of Birth:** ____/____/____ **Telephone Number: (** _____ **)** _____

**Home Address:** _____
Number Street City State Zip

ATTACH STUDENT'S MOST RECENT SCHOOL PICTURE HERE.

CUT TO FIT IF NECESSARY.

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

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**School now attending:** _____ **Entering Grade for 2017-2018**: (circle) 9 10 11

**School Phone: (** _____ **)** _____ **School Fax**: **(** _____ **)** _____

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

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

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

Preferred Telephone Number: ( _____ ) _____ Email: _____

**Mother:** ❑ Mrs. ❑ Other _____ _____
First Name M.I. Last Name

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

Preferred Telephone Number: ( _____ ) _____ Email: _____

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

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- Has the applicant ever been suspended (in-school or out-of-school), asked to withdraw, dismissed, or placed on a disciplinary contract by any school?

  No ❑ Yes ❑ If yes, please contact Mrs. Joanne Wiseman at 330.253.9113, ext. 115 to explain the circumstances.

- Has the applicant's academic history included an ETR (Evaluation Team Report) and any type of learning accommodations, including such provisions as a Service Plan, a 504 Plan, an Individualized Education Program (IEP), etc.?

  No ❑ Yes ❑ If yes, please provide a copy of the ETR and IEP/Service Plan.

In order to make an accurate and fair decision, the Admissions Committee depends upon applicants and their families to share truthfully all significant information, as determined by the administration of STVM, regarding the applicant's previous and current educational program. By signing and submitting this application, we acknowledge and agree that failure to disclose such information may result in the revocation of any offer of admission.

**TO PARENTS OR GUARDIANS:** ***I hereby grant St. Vincent-St. Mary High School permission to contact my child's current high school in order to request the release of records, including:*** **Transcript and/or grades, Standardized test scores, Proficiency test scores, Attendance and Disciplinary records, ETR, IEP, and/or Special Education records.**

**To Grant Consent:** _____ _____ _____
Print name of parent/guardian Signature of parent/guardian Date

**Refusal to Consent:** _____ _____ _____
Print name of parent/guardian Signature of parent/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 in complete sentences. (Please use black ink pen.)

***1) Describe the top three reasons why you want to attend St. Vincent - St. Mary High School.***

***2) Describe one major goal you would like to achieve while you are a student at STVM and discuss how you will accomplish it.***

***3) Describe a setback you have experienced at school and what you did to overcome it.*** _____

_____

_____

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***4) How will you make a difference at St. Vincent-St. Mary High School?*** _____

_____

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_____

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_____

***5) List your involvement in high school academic clubs, service projects, parish/church organizations, sports teams, and any other activities.***

_____

_____

_____

**Will you apply to another high school?** _____ **If yes, which high school?** _____

Signature of Student: _____ Date: _____

## HOW TO APPLY

- *Send this completed application to Admissions Office, St. Vincent-St. Mary High School, 15 N Maple St., Akron, OH 44303 by March 1, 2017 to be included in a first-round review.*
- *We also require two STVM Teacher Recommendation forms to be completed and returned directly to STVM Admissions. These forms can be found at www.stvm.com/parentinfo/forms.php*
- *Upon receipt of application materials and consent of parents, STVM will fax student's current school for records (grades, attendance, behavior, and standardized test scores). Our Admissions Committee will review the records and will notify you of their decision.*
- *If you have any questions regarding Admissions, please call Mrs. Joanne Wiseman, Director of Admissions, at 330.253.9113, ext. 115.*