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DE LA SALLE
INSTITUTE

Student Transfer Application

Young Men at 35th Street
Young Women at Lourdes Hall

Thank you for choosing to apply for admission to De La Salle Institute. Please complete this application and submit with student records (transcripts, grade reports, etc.) to:

Mrs. Barbara Atterberry, Registrar
De La Salle Institute
3455 South Wabash Avenue
Chicago, IL 60616-3885.

Applications for Fall Semester are due by August 1st.
Applications for Spring Semester are due by December 15th.



TRANSFER POLICY AND PROCEDURES

De La Salle Institute operating under the auspices of the Archdiocese of Chicago admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally available to students at the school. A student must be able to fit into the school's religious and academic program.

TO APPLY...

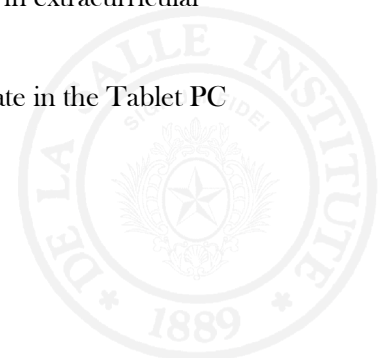
1. Complete and return the ***Student Transfer Application***.
2. An ***Unofficial Transcript*** of credits from any and all previous high schools must be on file in the school office before the application becomes active. This must include a copy of your most recent ***Grade Report***, a copy of the student's current ***Medical Record***, and a copy of the student's ***Birth Certificate***.
3. The ***Discipline/Attendance Status*** report should be completed by the Dean of Students, Director of Discipline, or School Administrator at the present school and returned directly to De La Salle.
4. ***Letter(s) of Recommendation*** from the student's current school counselor, academic advisor, teachers, or advocate are highly suggested and can be submitted with the application or mailed directly to De La Salle.
5. When all of the above have been received, an interview may be set up with a De La Salle Administrator, the student, and the parent(s).
6. The student should have a "C" average and up-to-date credits. Any deficiency may require Summer School or repeating a year.
7. After the student has been interviewed, the Administration will meet and determine the admissibility of the student, and then notify him/her of the decision.

IF ACCEPTED...

The student will be scheduled for classes, a \$500.00 tuition deposit will be collected, and an Enrollment Contract will be completed with the De La Salle Business Office.

All transfer students are accepted on a probationary basis and required to sign a ***Transfer Student Probation Agreement***. Violation of the Agreement may result in immediate dismissal from De La Salle. Probation does not effect participation in extracurricular activities.

All students enrolled beginning with the class of 2010 must participate in the Tablet PC program.



TRANSFER STUDENT APPLICATION

Student's Name (Print)

Graduation Year

Social Security Number

School Transferring FROM

All Previous High Schools attended and Dates of Attendance:

Present Grade Point Average (GPA): _____ Rank in Class: _____

Did you ever take a Placement Test for high school admission? YES _____ NO _____

If YES, at which school? _____

Please explain your reasons for leaving your present school: _____

* * * * *

**We certify that the above information is correct and true to the best of our knowledge.
Falsifying information will result in automatic refusal.**

Student Signature

Date

Parent/Guardian Signature

Date

DE LA SALLE INSTITUTE TRANSFER STUDENT REGISTRATION

Please PRINT or TYPE all information.

Name _____ Sex M _____ F _____
(Last) (First) (Middle)

Address _____ Soc. Sec. # _____

City _____ State _____ Zip Code _____ Phone (____) _____

Father's Name _____ Do you live with him? Yes No

Mother's Name _____ Do you live with her? Yes No

If not living with parents, then give name of court appointed legal guardian below.

Date of Birth _____ / _____ / _____ Parish _____
(Month) (Day) (Year)

Grammar School _____

Family Status: (Circle One)

1. Parents Living Together
4. Father Deceased

2. Divorced
5. Mother Deceased

3. Separated
6. Single

Racial Background: (Circle One or More regardless of ethnicity status selected below)

White
Black
Asian

Native Hawaiian or Other Pacific Islander
American Indian or Alaska Native

Ethnicity: (Circle One)

No, not Hispanic/Latino

Yes, Hispanic/Latino

Language Spoken at Home _____

Religion: (Circle One) 1. Catholic 2. Non-Catholic

Citizenship: Are you a United States Citizen? (Circle One) Yes No

Father's Occupation _____

Company _____ Phone _____

Mother's Occupation _____

Company _____ Phone _____

Is your parent a graduate of De La Salle or Lourdes? (Circle One) Yes No

If yes, his/her NAME and YEAR of GRADUATION _____

Any brothers/sisters who graduated from De La Salle or Lourdes, or are now attending? (Circle One) Yes No

If yes, his/her NAME and YEAR of GRADUATION _____

Student's Personal Statement

In the space below, please respond to the following statement:

Briefly describe your high school educational plans, your future goals after graduation, and how De La Salle Institute will fit into those plans.

Student Signature

Date

Parent Signature

Date



DISCIPLINE/ATTENDANCE STATUS

Student Name: _____ Year in School: _____

School Transferring From: _____

WE AUTHORIZE THE RELEASE OF ALL INFORMATION ASKED FOR BELOW

Parent/Guardian Signature Date

Student Signature Date

Dates of Attendance: From _____ To _____

Days Absent: _____ # Days 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 | |

Please give details or explain above statements: _____

Signature of person completing form Title

Date Telephone #

*Please return this form to:
Registrar
De La Salle Institute
3455 S. Wabash
Chicago, IL 60616*

SCHOOL SEAL REQUIRED HERE