

ST. XAVIER High School

TRANSFER APPLICATION

First Name (*applicant*)

Middle Name

Last Name



Office of Admission
600 W. North Bend Road, Cincinnati, Ohio 45224
(513) 761-7600 ♦ (513) 618-3243 *fax*

ST. XAVIER
High School
Transfer Application

STUDENT INFORMATION

Name: _____
Last First Middle

Preferred first name _____ Date of birth ____/____/____
m d y

E-mail address _____ Religious Affiliation _____

ETHNIC ORIGIN/RACIAL IDENTITY

- African American Asian/Pacific Islander Caucasian Puerto Rican
 Mexican American/Chicano Hispanic/Latin America Native American Other

Permanent Address: _____
Street

_____ City State Zip/Postal Code

Home phone: () _____ - _____ Cell phone: () _____ - _____

ENROLLMENT INFORMATION

Application for the Class of: _____ Junior _____ Sophomore

Current School _____
City State Zip Code

Guidance Counselor/Administrator _____

ACADEMIC INFORMATION

Cumulative Grade Point Average _____ (on a 4.0 scale)

Have you applied to St. Xavier High School previously? Yes No

PERSONAL STATEMENT/ CO-CURRICULAR INVOLEMENT/TRANSCRIPT

- ◆ Please provide a Personal Statement describing your interest in transferring to St. Xavier and how your academic achievements, personal interests, and high school experiences thus far have helped prepare you to succeed academically and to be an active member of the St. Xavier community. **Be sure your essay addresses each of the four components.**
- ◆ Please list your principal activities outside of the classroom (student organizations, sports, community service work, etc.)
- ◆ Please submit **all** academic grades from high school and any standardized test scores available.
- ◆ Please submit one personal letter of recommendation.

ST. XAVIER FAMILY – *Grandfather, Father, Brother*

Name Relationship Grad Year

Name Relationship Grad Year

Name Relationship Grad Year

FATHER INFORMATION

Name _____

Permanent Address: _____
Street

City State Zip/Postal Code

Phone: () _____ - _____ Cell Phone: () _____ - _____ Work: () _____ - _____

Preferred Email _____

MOTHER INFORMATION

Name _____

Permanent Address: _____
Street

City State Zip/Postal Code

Phone: () _____ - _____ Cell Phone: () _____ - _____ Work: () _____ - _____

Preferred Email _____

APPLICATION VERIFICATION

I affirm that the information contained in this application is true and accurate. I understand that misrepresentation, falsification or omission of facts on this application may result in refusal of admission and/or prompt withdrawal of any previous offer of admission.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Applicant Signature

Date