

MONTINI CATHOLIC HIGH SCHOOL
19W070 16TH Street, Lombard, IL 60148-4797 630-627-6930

TRANSFER STUDENT ADMISSION POLICY

Applications must be made 30 days in advance of the proposed entrance date so that each request may be reviewed carefully.

The student must be able to fit into the school's religious and academic programs for the particular school year. An official transcript of credit is to be sent to Montini Catholic High School.

Montini Catholic High School, operating under the auspices of the Diocese of Joliet, 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.

If a student has been receiving counseling or treatment for a special medical or psychological condition, it is necessary that Montini be notified and that appropriate information be received before the student can be accepted at Montini.

The student is to have a Letter of Recommendation from his/her administrator and/or counselor. The student is to submit a statement, in his/her own handwriting, detailing the reasons why he/she wishes to transfer to Montini Catholic High School.

Seniors will generally not be accepted, except for special cases or out of area transfers. The Principal will review in detail each of these special cases.

Transfer students admitted to Montini Catholic will automatically be placed on probation for the entire school year during which he/she has been admitted. The terms of this probation are that he/she may receive no more than three (3) detentions and that he/she may receive no (0) semester failures during this probationary period. Violation of either or both of these terms may result in the transfer student's dismissal from Montini Catholic High School. A confirmation of acceptance with these terms is to be signed by both parent and student.

Application Procedure:

1. It is the responsibility of parents/guardians to see that we have the following items:

APPLICATION FORM WITH \$185.00 REGISTRATION FEE
RELEASE OF RECORDS FORM (Copy of Transcript)
DISCIPLINE RECOMMENDATION FORM
PRINCIPAL'S OR COUNSELOR'S LETTER OF RECOMMENDATION
STUDENT LETTER

2. Once Montini Catholic has received the Records and Discipline Recommendation Form from the current high school, you will be contacted for a conference with the Principal and/or the Assistant Principal which is required prior to admission

NO DECISION WILL BE MADE UNTIL THESE DOCUMENTS HAVE BEEN SUBMITTED

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STUDENT TRANSFER ADMISSION APPLICATION

A \$185.00 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION

STUDENT INFORMATION:

DATE: _____

NAME: _____ SEX: M ___ F ___
Legal Last Name First Middle

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: _____ PARENT/GUARDIAN CELL PHONE: _____ BIRTH DATE: _____

BIRTH PLACE: _____ RELIGION: _____ PARISH: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

Please Print Clearly

RACIAL, ETHNIC ORIGINS AND RELIGIOUS AFFILIATION:

The following section is optional. The information that is obtained in this section is needed for reports and surveys that are requested by the diocese and other agencies. This section does not have any impact on your acceptance.

ETHNICITY: Is the student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino

RACIAL BACKGROUND: (Circle the number that applies)

- | | |
|----------------------------------|---|
| 1. African American/Black | 4. Native Hawaiian/Other Pacific Islander |
| 2. American Indian/Alaska Native | 5. White |
| 3. Asian | 6. Other _____ |

RELIGIOUS PREFERENCE (Circle the number that applies)

1. Roman Catholic and attending a private school...Name of Parish _____
2. Roman Catholic, attending a public school and enrolled in a religious education program...Name of Parish _____
3. Roman Catholic, attending a public school and not enrolled in a religious education program
4. Other Catholic Religion
5. Other Christian Religion
6. Non-Christian Religion
7. Other _____

FOR OFFICIAL USE ONLY:

DATE ENTERED: _____

REGISTRATION FEE PAID: _____

CLASS OF: _____

PRE-TUITION PAYMENT: _____

YEAR OF GRADUATION

STUDENT EDUCATION INFORMATION:

PUBLIC HIGH SCHOOL DISTRICT IN WHICH YOU NOW RESIDE: _____

LAST GRADE COMPLETED: _____ SCHOOL NOW ATTENDING: _____

SCHOOL ADDRESS: _____

DATE YOU WISH TO ENTER MONTINI: _____

HAVE YOU ALREADY WITHDRAWN FROM YOUR HIGH SCHOOL? _____ YES _____ NO

IF YES, WHAT IS YOUR WITHDRAWL DATE? _____

HAVE YOU BEEN ISSUED ANY IEP OR SPECIAL EDUCATION SERVICES? _____ YES _____ NO

HAVE YOU RECEIVED ANY EMOTIONAL SUPPORT SERVICES? _____ YES _____ NO

GRAMMAR SCHOOLS AND/OR JUNIOR HIGH ATTENDED

NAME OF SCHOOL	ADDRESS	DATE OF ATTENDANCE
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PLEASE GIVE NAME AND ADDRESS OF OTHER HIGH SCHOOL(S) OF ATTENDANCE:

DO YOU KNOW ANY CURRENT MONTINI STUDENTS? _____ LIST THE NAME AND GRADE: _____

HAVE YOU EVER BEEN PLACED ON PROBATION OR PAROLE OR HAD ANY OTHER PENALTY, SCHOLASTIC OR DISCIPLINARY, IMPOSED? _____ IF SO, WHEN AND WHERE: _____

WHY ARE YOU INTERESTED IN TRANSFERRING TO MONTINI CATHOLIC? _____

WHAT EXTRACURRICULAR ACTIVITIES DID YOU PARTICIPATE IN AT YOUR HIGH SCHOOL? _____

WHAT ATHLETIC INVOLVMENT DID YOU HAVE AT YOUR HIGH SCHOOL? _____

FAMILY BACKGROUND INFORMATION:

HOME SITUATION:

PLEASE PROVIDE CUSTODIAL INFORMATION WHERE APPLICABLE

SIBLING INFORMATION

NUMBER OF BROTHERS: YOUNGER: _____ OLDER: _____ NAMES: _____

NUMBER OF SISTERS: YOUNGER: _____ OLDER: _____ NAMES: _____

FATHER / MALE GUARDIAN INFORMATION (Circle one)

RELIGION: _____

Legal Last Name _____ First _____ Middle _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
If different from Student's address

EMPLOYER: _____ POSITION: _____

NATURE OF BUSINESS: _____ EMPLOYER PHONE #: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LEVEL OF EDUCATION COMPLETED: _____
(High School Diploma, College Degree, Professional Degree)

MOTHER / FEMALE GUARDIAN INFORMATION (Circle one)

RELIGION: _____

Legal Last Name _____ First _____ Middle _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
If different from Student's address

EMPLOYER: _____ POSITION: _____

NATURE OF BUSINESS: _____ EMPLOYER PHONE #: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LEVEL OF EDUCATION COMPLETED: _____
(High School Diploma, College Degree, Professional Degree)

STEPFATHER INFORMATION

RELIGION: _____

Legal Last Name _____ First _____ Middle _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
If different from Student's address

EMPLOYER: _____ POSITION: _____

NATURE OF BUSINESS: _____ EMPLOYER PHONE #: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LEVEL OF EDUCATION COMPLETED: _____
(High School Diploma, College Degree, Professional Degree)

STEPMOTHER INFORMATION

RELIGION: _____

Legal Last Name _____ First _____ Middle _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
If different from Student's address

EMPLOYER: _____ POSITION: _____

NATURE OF BUSINESS: _____ EMPLOYER PHONE #: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LEVEL OF EDUCATION COMPLETED: _____
(High School Diploma, College Degree, Professional Degree)

Montini Catholic High School
19W070 16th Street
Lombard, IL 60148-4797
630-627-6930

Authorization to Release Student Records

I hereby authorize: _____
Name of School or Agency

Street Address

City, State & Zip

to release the indicated records of: _____
Student's Name

to: **Registrar**
Montini Catholic High School
19 W070 16th Street
Lombard, IL 60148-4797
Fax: 630-627-0537
Email: clamar@montini.org

Records Requested: Please send the indicated materials, **not** the cumulative file.

1. Transcript of Grades
2. Grades Earned at Date of Leaving
3. Attendance Records
4. Standardized Test Scores and Academic Evaluation
5. Health Records
6. IEP and/or Special Services Records, if applicable
7. Other _____

Parent or Guardian Signature

Date

Student Signature (16 years of age or older)

Date

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DISCIPLINE RECOMMENDATION FORM

TO: _____
Name of School

I, _____ have applied for admission to Montini Catholic High School. You are hereby authorized to release the information requested below.

Student _____ Parent _____
Signature Signature

To Be Completed by School Official:

1. Period of enrollment _____ to _____
2. Attendance Record : Days Absent _____
3. Discipline: Are there any notations on the student's disciplinary record of the Following problems? (If so, please explain below.)

	YES	NO
Truancy	_____	_____
Smoking Violations	_____	_____
Falsifying information, notes, etc.	_____	_____
Drug or alcohol violations	_____	_____
Major misconduct (fighting, stealing, etc.)	_____	_____
Excessive Detentions	_____	_____
Other problems (explain below)		

4. Do you know of any reason this student should not be accepted at Montini Catholic High School? _____
Explain _____

Date _____ Signature of School Official _____

Title _____