SAINT IGNATIUS HIGH SCHOOL TRANSFER STUDENT APPLICATION

This application must be submitted by April 15 by all students who wish to be considered for admission to Saint Ignatius High School.

Section I	
Name	
Phone	Date of Birth
Religion	Ethnicity
Parish or Church:	
Parent/Guardian Name(s)	
	(if not both):
Current School/Number of Years	Attended:
Previous School/Number of Years	s Attended:
Section II Please list any extracurricular acti	vities that you have been involved in recently.
ACTIVITY:	GRADES:
	ny accommodation plans and/or major health issues that serve you should you be admitted to Saint Ignatius

(over)

Section IV		
Please explain why you are leaving you	r current school and why	you would like to attend
Saint Ignatius High School.		
Section V		
Pretend today is a Saturday and the wea		
do over the weekend, so you can spend	the day however you see	e fit. Describe your day.
Section VI		
Please let us know the names of any of	vour immediate family n	nembers (i.e. father or
brothers) who attended (or currently atte	•	`
	B.1.4. 11	
Name	Relationship	Graduation Year
Parent/Guardian Name:		
<u> </u>		
Parent/Guardian Signature:		
Parent/Guardian Email Address:		
1 archi/Guardian Eman Address:		
Parent/Guardian Cell Phone:		