

Mount Saint Joseph Academy

127 Convent Avenue
Rutland, VT 05701
(802) 775-0151

Transfer Student Application

Admissions Use Only				
App Received: ___/___/___	Fee Received: ___/___/___	Tier: I II III	FACTS Form Rec'd Yes No	Payment Plan: _____

PART I: APPLICANT INFORMATION

Name: _____ Preferred Name: _____
Last First Middle

Birth Date ___/___/___ Place of Birth _____
City State Country

Social Security Number: _____ Gender: M ___ F ___

Address: _____
Street City State Zip

Home Telephone: _____ Father's Cell: _____ Mother's Cell: _____

Citizenship: Citizen of the USA? ___ (Y/N) If not, country of citizenship: _____

Religion: ___ Roman Catholic ___ Protestant ___ Orthodox Christian ___ Jewish ___ Buddhist ___ Other

Parish/Place of Worship: _____
Name City State

PART II: ENTRANCE INFORMATION

Grade of Entrance: ___ 9 ___ 10 ___ 11 ___ 12 Date of Proposed Entrance: Month: ___ Year ___

Athletic Interests: _____

Extracurricular Interests (e.g., theater, art): _____

Musical Ability/Instruments: _____

PART III: APPLICANT'S EDUCATION

Name of Current School: _____ Grade Level: _____

Name of Principal/Head: _____ Telephone: _____

School Address: _____
Street City State Zip

Previous Schools: List schools in order of attendance, most recent first:

Dates attended	Name of School	Address	Phone

PART IV: FAMILY INFORMATION

Parents are: Married _____ Separated _____ Divorced _____ Father deceased _____ Mother deceased _____

Single parent _____ (check all that apply)

Student lives with: Both Parents _____ Father _____ Mother _____
 Stepmother _____ Stepfather _____ Other Relation (please specify) _____

If divorced, who has legal custody? _____

Who is financially responsible for applicant? _____

Note: Custodial documentation must be submitted with this application.

PART V: PARENT INFORMATION

FATHER

MOTHER

This relation is an Emergency Contact? _____
 Has legal custody? _____
 Lives with the child? _____
 Dr., Mrs., Ms., Military Rank _____
 (circle or indicate)

This relation is an Emergency Contact? _____
 Has legal custody? _____
 Lives with the child? _____
 Dr., Mrs., Ms., Military Rank _____
 (circle or indicate)

 Last Name First Name
 Home Address (if different from child):

 Last Name First Name
 Home Address (if different from child):

 City State Zip

 City State Zip

Home Telephone: _____

Home Telephone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

 City State Zip

 City State Zip

Business Phone: _____

Business Phone: _____

Business Fax: _____

Business Fax: _____

MSJ Graduate? YES \ NO If Yes, Year _____

MSJ Graduate? YES \ NO If Yes, Year _____

PART VI: STEPPARENT/GUARDIAN INFORMATION (If not applicable, go to Part VII.)

STEPFATHER / GUARDIAN

This relation is an Emergency Contact? _____

Has legal custody? _____

Lives with the child? _____

Dr., Mrs., Ms., Military Rank _____

(circle or indicate)

Last Name First Name

Home Address (if different from child): _____

City State Zip

Home Telephone: _____

Email: _____

Employer: _____

Work Address: _____

City State Zip

Business Phone: _____

Business Fax: _____

MSJ Graduate? YES \ NO If Yes, Year _____

STEPMOTHER / GUARDIAN

This relation is an Emergency Contact? _____

Has legal custody? _____

Lives with the child? _____

Dr., Mrs., Ms., Military Rank _____

(circle or indicate)

Last Name First Name

Home Address (if different from child): _____

City State Zip

Home Telephone: _____

Email: _____

Employer: _____

Work Address: _____

City State Zip

Business Phone: _____

Business Fax: _____

MSJ Graduate? YES \ NO If Yes, Year _____

PART VII: SIBLING INFORMATION

BROTHERS

Name School / Grade

SISTERS

Name School / Grade

PART VIII: RELATIVE/ALUMNI INFORMATION

A) Relatives: List any relatives who now attend Mount St. Joseph Academy.

Name of Relative

Relation

B) Alumni: List any family members who graduated from Mount St. Joseph Academy.

Name of Alumnus/Alumna

Year of Graduation

PART IX: SPECIAL CIRCUMSTANCES

A) Physical/Emotional: Does the applicant have any physical and/or emotional difficulties? _____ (Y/N)

B) IEP/504 Plan: Does the applicant have a current IEP or 504 Plan? _____ (Y/N) If yes, please provide documentation of the IEP or 504 Plan at the time of application.

C) Disciplinary Circumstances: Has the applicant ever been involved in 1) serious disciplinary action, 2) suspension, and/or 3) dismissal or expulsion from a current or previous school? _____ (Y/N) If yes, please explain here.

PART X: TUITION AND FINANCIAL AID INFORMATION

A) Tuition Tier: ___ Tier I ___ Tier II ___ Tier III (Please check one. Consult the admissions packet for descriptions.)

B) Tuition Responsibility: ___ Both Parents ___ Father ___ Mother ___ Other (specify)

C) Financial Aid: Do you need a Financial Aid application packet. ___ Yes ___ No

D) Application Fee: The application fee is required at the time the application is submitted. Please consult your application packet for the amount of the fee for the current application year. A reduction in the fee applies to applications received by December 8 of the current application year.

PART XI: SIGNATURES

By enrolling at Mount St. Joseph Academy, I understand that I must choose a tuition payment plan from the plans available through the Business Office. I agree to the terms of the tuition plan I have chosen. I understand that there is a 1% finance charge each month on the unpaid balance. I further understand the MSJ school board policy to withhold report cards and transcripts if tuition is not current. I understand that examinations may be denied a student if tuition payments are not current. Once a semester has begun, the family is financially responsible for the semester's tuition. Diplomas for seniors are granted only after all financial obligations are paid in full prior to the date of graduation.

PARENT/GUARDIAN SIGNATURE: _____
DATE: _____

APPLICANT SIGNATURE: _____
DATE: _____

MOUNT SAINT JOSEPH ACADEMY

TRANSFER COURSE SELECTION

After returning your application to us, please call and arrange an appointment with our guidance counselor to discuss course selection.



MOUNT SAINT JOSEPH ACADEMY
STUDENT ESSAY

Applicant's Name: _____

Why do you want to attend Mount St. Joseph Academy?



Student Signature: _____ Date: _____

PARENT ESSAY:

Why do you want your daughter/son to attend Mount St. Joseph Academy?

If accepted, do you give MSJ permission to use your student's name/photo in publications (including the schools website)?

Yes _____ No _____ Signature of Parent: _____

MOUNT SAINT JOSEPH ACADEMY

TRANSCRIPT REQUEST

Complete this release form and return it with your application. We will forward it to your school to obtain your records.

Student Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Present School: _____ Grade: _____

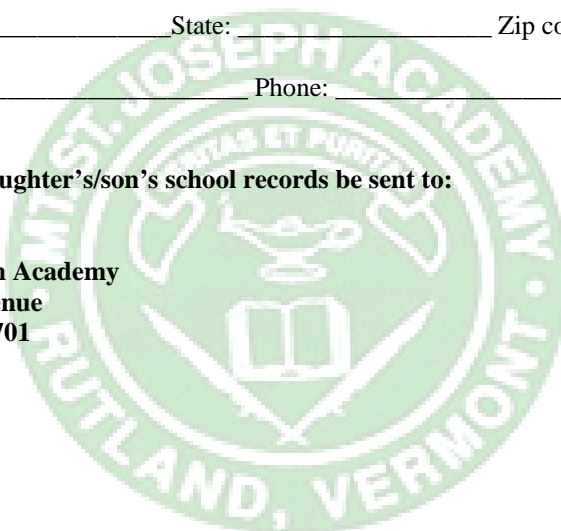
Mailing Address: _____

City: _____ State: _____ Zip code: _____

Principal: _____ Phone: _____

I hereby authorize my daughter's/son's school records be sent to:

**Guidance Office
Mount St. Joseph Academy
127 Convent Avenue
Rutland, VT 05701**



Parent/Guardian Signature: _____ Date: _____

In keeping with the Family Education Records and Privacy Act, with respect to student records:

All academic and personal records pertaining to individual students are confidential and can only be inspected by the student, parents, and school officials. The entire record is to be made available for review by the student and parents (parents until the student reaches the age of 18 years).

Parents shall have an opportunity for a hearing to challenge the content of their child's school record, to ensure that the records are accurate, not misleading nor otherwise in violation of the privacy or other rights of students, and to provide an opportunity for the correction or deletion of any such inaccurate, misleading or otherwise inappropriate data contained therein.

Schools cannot release student records without the written consent of the parent to any individual, agency, or organization other than the following:

1. Other school officials within the school
2. Officials of other schools or school systems in which the student intends to enroll