



33940



Chicago Public Schools
Office of Access and Enrollment

Transfer Application - 2018-2019 School Year

Please complete this application if you are interested in enrolling in the school and program identified below. Note that you will be required to meet any minimum eligibility requirements of the program, if applicable, and/or participate in any required admissions screenings, if applicable. Upon receipt of the completed application, and verification that your student has met any eligibility or admissions screenings requirements, the school will issue an acceptance letter and forward a copy of this application and the acceptance letter to the Office of Access and Enrollment, where the documents will be kept on file. The student will submit the acceptance letter to the high school in which he/she is currently enrolled, settle any outstanding debts, and return any school-owned books, equipment or materials. The school where the student is currently enrolled will release the student via the CPS Student Information System and the school identified below will enroll the student, effective on the transfer date identified below.

Student's Last Name	Student's First Name
<input type="text"/>	<input type="text"/>

Grade applying to: <input type="text" value="0"/> <input type="text" value="9"/>	CPS Student ID (If non-CPS, LEAVE BLANK) <input type="text"/>	Birth Date (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Has he/she ever been a CPS student? <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female	Current High School <input type="text"/>
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Parent/Guardian Last Name	Parent/Guardian First Name
<input type="text"/>	<input type="text"/>

Student's Primary Address	Direction	Street Name (P.O. boxes not accepted)	Street Type	Apt#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Parent/Guardian Email Address - CAPITAL letters only. Write number 1, letter I, letter L, letter O and number 0.

Home Phone	Work/Cell Phone
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Program Code

Program Name

I affirm that the information provided on this form is true and correct. I understand that my child may be subject to immediate removal from the school if admission was gained based on a falsified application. I understand that, in order to be offered a seat, my child will have to meet any minimum eligibility requirements, and/or participate in any required admissions screenings that the school/program may have.

REQUIRED Signature of Parent/Guardian _____ Date: _____

I affirm that there is space available in the program identified on this application and that all waitlists for this program have been exhausted. I confirm that the school has received all required documentation to verify that this student meets any minimum eligibility requirements that the program may have. I further confirm that the student has participated in any required admissions screenings that the program may have.

REQUIRED Signature of Principal _____ Approval Date & Time _____