POWERS CATHOLIC HIGH SCHOOL
Transfer Student Application

Student's Legal Name: _____
Last   First   Middle

Prefers to be called: _____ Gender: _____ Social Security Number: _____

Student's Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: ____/____/____ Present Grade: _____ Applying to Grade: _____

Please circle the ethnic/racial group with which you are identified. This information will be used for Leadership and/or Scholarship programs that become available, as well as for census reports.

( )Hispanic or Latino ( )Asian ( )Black or African American ( )Indian (not American Indian)

( )American Indian ( )White ( )Pacific Islander or Native Hawaiian ( )Two or more races

Religion: _____ Parish/Church: _____

Present School (Years Attended): _____

Have you (the applicant) ever been placed on probation, suspended, or dismissed from another school for disciplinary and/or academic reason?

☐ No   ☐ Yes   (if yes, please attach full details, including name of school and year.)

Father or Guardian 1: _____
Last Name

_____
Title   Legal First Name

_____
Home Address (if different from applicant)

_____
City: State   Zip

_____
Home Telephone (if different from applicant)

_____
Cellular telephone

_____
Email Address

_____
Religion   Church

Mother or Guardian 2: _____
Last Name

_____
Title   Legal First Name

_____
Home Address (if different from applicant)

_____
City: State   Zip

_____
Home Telephone (if different from applicant)

_____
Cellular telephone

_____
Email Address

_____
Religion   Church

Parents are: ☐ Married   ☐ Divorced   ☐ Separated   ☐ Mother Deceased   ☐ Father Deceased

Who will be responsible for the payment of this student's tuition?

_____   _____
Name 1   Name 2 (if applicable)

Will you be applying for tuition assistance through your parish?   ☐Yes   ☐No

Will you be applying for tuition assistance through Powers Catholic?   ☐Yes   ☐No

Names of Brothers and Sisters:

Name	Age	Grade	Present School

** To be completed by the applicant **in their own handwriting****

Please write a paragraph explaining why you would like to attend Powers Catholic High School. If necessary, write your response on a separate sheet of paper.

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Signature of Applicant: _____ **Date:** _____

Signing my name below affirms that all of the information contained in this application is correct and complete.

_____   _____
Parent/Guardian Signature   Date

Please return this form and the $100 application fee to the address below.
Admissions Office, Powers Catholic High School, 1505 W. Court St. Flint, MI 48503