SAINT AUGUSTINE'S COLLEGE

TRANSFER REQUEST INFORMATION FOR UPPER GRADES
(ONLY FOR GRADE 8, 9 & 10)

APPLICATION DEADLINE: LAST FRIDAY IN APRIL

A $100.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THESE FORMS.

We are grateful for your interest in St. Augustine's College. Students can only apply for transfer at the beginning of the school year in September for entry into grades **8** through **10**. Applicants must take an entrance exam and will only be considered **if space is available** in the requested grade level. Transcripts are mandatory and will be evaluated. Because schools have varying grading scales, the applicant is evaluated according to the standards of St. Augustine's College.

The school has an obligation to students currently enrolled, and therefore must accommodate students advancing to the next grade and or repeating a grade before considering transfers. You will not receive a response to your application until we have completed our review of the status of our current students.

We are unable to accept every student who expresses an interest in our school due to space limitations and the competitiveness of the process. We must note specifically that completing the application for enrollment for upper grades **does not guarantee** a seat at St. Augustine's College.

THE REQUIREMENTS FOR APPLICATION ARE AS FOLLOWS: (IF ANY OF THE FOLLOWING ITEMS ARE MISSING, THE TRANSFER REQUEST WILL NOT BE CONSIDERED.)

1. Completed transfer request form
2. A passport sized photo
3. Academic records / transcript from current school (in a sealed envelope marked with your school's logo)
The final transcript is due on **June 30, 2026.**
4. **TWO** references from an individual that can testify to the character of the student, such as a principal, counselor, teacher, coach or pastor (**ONE must be from the principal or the counselor)**
5. A **$100.00** non-refundable application fee. (Please note, all financial transactions are cashless.)

For Office Use Only
Fee:_____
Receipt #: _____
Date:_____

Please
attach passport sized photo

SAINT AUGUSTINE'S COLLEGE

TRANSFER REQUEST FOR UPPER GRADES (2026-2027 ACADEMIC YEAR)

PLEASE PRINT

Student's Name: _____ **Gender:** _____

Date of Birth: _____ (Month/Day/Yr.) **Age:** _____ **Religion:** _____

Country of Citizenship: _____

School Presently In: _____ **Current Grade:** _____

Grade Applying For: _____

Home Address: _____
House # **Street / Subdivision** **P. O. Box #** **Home Phone #**

PARENT'S INFORMATION:

Mother's Name _____ **Mother's Cell #** _____

Mother's Email:_____ **Mother's Work Ph. #:**_____

Father's Name _____ **Father's Cell #:** _____

Father's Email:_____ **Father' Work Ph. #:**_____

Did either parent attend and / or graduate from St. Augustine's College? **Yes** ☐ **No** ☐

If answer is yes, Year of Graduation of Parent **(Mother)** _____ **(Father)** _____

Did any brother / sister attend and / or graduate from St. Augustine's College? **Yes** ☐ **No** ☐

Names of brother(s) or sister(s) attending St. Augustine's College now.

_____

PRIMARY SCHOOL INFORMATION

Name of School	**From Grade**	**To Grade**	**Years Attended**
_____	____	____	_____
_____	____	____	_____

SECONDARY SCHOOL INFORMATION (Please list all secondary schools attended)

Name of School	**From Grade**	**To Grade**	**Years Attended**
_____	____	____	_____
_____	____	____	_____

Has the applicant ever been subject to school disciplinary action (i.e. expulsion, suspension, and probation)? _____ If yes, please explain.

_____

What organizations / sports / activities / clubs does the student participate in at school?

_____

Please rate student's academic standing in his / her class. Check **[√]** one.

[ ] Excellent [ ] Good [ ] Average [ ] Below Average

Please list any academic awards, honours or certificates that the applicant has received.

_____

_____

_____

Please state reason for requesting a seat at St. Augustine's College.

_____

_____

_____

Email contact: _____

I hereby affirm that all information is complete and accurate.

Name of Parent / Guardian: _____ Signature: _____

Date: _____ (Month/Day/Yr.)