#### TRANSFER REQUEST INFORMATION FOR UPPER GRADES

(ONLY For Grade: 8, 9 & 10)

#### **DEADLINE: LAST FRIDAY IN APRIL**

#### A \$40.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THESE FORMS.

Thank you for your interest in St. Augustine's College. Students can only apply for transfer for the beginning of the school year in September for entry into grades 8 through 10. Transfer students are only considered if space is available in the requested grade level and after the student's documents have been 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 those students currently enrolled, and therefore must accommodate students advancing to the next grade and/ or repeating a grade before considering transfers.

Consequently, you will not receive a response to your application until we have completed our review of our current students.

We are unable to accept every student that expresses an interest in our school due to space limitations and the competitive 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 ITEM IS MISSING, THE TRANSFER REQUEST WILL **NOT** BE CONSIDERED.)

- 1. Complete the transfer request form.
- 2. A passport sized photo.
- 2. Academic records / transcript from current school (in a sealed envelope marked with your school's logo
- 3. Write two essays from the four topics provided on the form.
- 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 principal or counselor.)
- 5. \$40.00 (cash) non-refundable application fee.

For Office U	Ise Only
Fee:	
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Receipt #:	
Date:	

F	Please	
attach pass	port sized	photo
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## TRANSFER REQUEST FOR UPPER GRADES (2024-2025 ACADEMIC YEAR)

### **PLEASE PRINT**

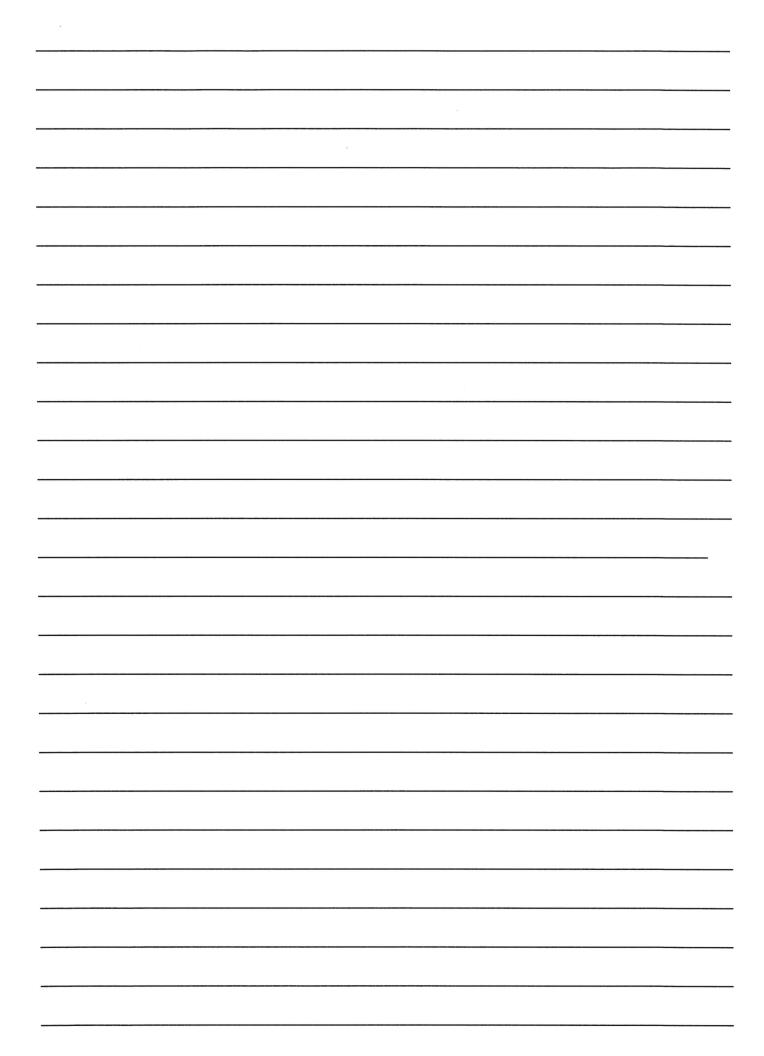
Student's Name:				Gender:
Date of Birth:		(Month/Day/Yr.) Age:	Reli	igion:
Country of Citizenship:				
School Presently In:				Current Grade:
Grade Applying For:			-	
Home Address:		Street / Subdivision	D.O. Pov.#	Home Phone #
PARENT'S INFORMATIO		Street / Subdivision	P. O. BOX #	nome Phone #
Mother's Name			Moti	her's Cell #
Mother's Email:	other's Email: Mother's Work Ph. #:			ner's Work Ph. #:
Father's Name		·	Fath	er's Cell #:
Father's Email:			Fath	ner' Work Ph. #:
Did either parent attend	l and / or	graduate from St. Augusti	ne's College?	Yes No
If answer is yes, Year of	Graduatio	on of Parent (Mother)		(Father)
Did any brother / sister	attend an	d / or graduate from St. A	ugustine's Colle	ge? <b>Yes No</b>
Names of brother(s) or	sister(s) a	ttending St. Augustine's Co	ollege now.	
		PRIMARY SCHOOL	INFORMATION	
Name of School		From Grade	To Grade	Years Attended
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### **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 so	chool disciplinary actio	n (i.e. expulsion, s	uspension, and probation)?
What organizations / sports / activities /	clubs does the studen	t participate in at :	school?
Please rate student's academic standing	in his / her class. Che	ck [ <b>v</b> ] one.	
Excellent [ ] Good	]	] Average [	Below Average
Please list any academic awards, honour	s or certificates that th	ne applicant has re	ceived.
Please state reason for requesting a seat	at St. Augustine's Col	lege.	
Email contact:			
I hereby affirm that all information is co			
Name of Parent / Guardian:		Signat	ure:
Date:	(Month/Dav/Yr.)		

Name of Student:
ESSAYS (to be completed by the student) Choose two (2) from the topics below.
<ol> <li>What is your favourite book and why?</li> <li>If you had two weeks of your free time, what would you do?</li> <li>Why is school important?</li> <li>Why do you want to attend St. Augustine's College?</li> </ol>
ESSAY # 1:



Name of Student:	
ESSAY # 2:	
	<del>-</del>
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