Mount St. Mary Catholic High School

2801 S. Shartel
Oklahoma City, OK 73109
405.631.8865

Transfer Student Application for Admission

Please forward this completed form along with the parent & student forms to the MSM Admissions office. **The release of records & recommendation forms should be forwarded to the student's current school.**

An application for admission will be reviewed only when all requested materials are received.

Applying for Grade ☐ 9 ☐ 10 ☐ 11 ☐ 12 School Year _____

Student Name: Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home telephone _____ Email address _____

Date of Birth (month/date/year) _____

Current School _____ # of years attending _____

Other schools attended since 6th grade _____

Religion _____ Parish or Church _____

Mother (check one: ☐ Mrs. ☐ Ms. ☐ Dr.) First Name _____ Last Name _____

Address (if different from student) _____ City _____ State ___ Zip _____

Daytime Telephone (____) _____ Email _____

Place of Employment _____ Business Title/Occupation _____

Father (check one: ☐Mr. ☐ Dr.) First Name _____ Last Name _____

Address (if different from student) _____ City _____ State ___ Zip _____

Daytime Telephone (____) _____ Email _____

Place of Employment _____ Business Title/Occupation _____

Parents are: ☐ living together ☐ separated ☐divorced ☐mother deceased ☐ father deceased

With whom does the applicant live? _____

Person responsible for tuition? _____

Language(s) spoken at home: _____

Sibling(s) currently at MSM (list name and year): _____
_____

Other sibling(s) (list name, sex, grade, and school)_____
_____
_____
_____

MSM Alumni relatives (list maiden name, year of graduation/attendance, and relationship to applicant) _____
_____
_____

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Parent Form

The parent or guardian of the student applicant must complete this form.
Applications will be reviewed only when all requested information is received. Questions should be directed to Diane Wilson at dwilon@mountstmary.org or 405.631.8865 ext 205.

Student's Legal Name (first, last) _____ Nickname _____

Parent/Guardian Name(s) (first, last) _____

Please explain why you want this student to attend The Mount. _____

_____

_____

What are the areas where this student excels? _____

How would you describe this student's personality? _____

Has this student been tested for any learning disability? ☐ No ☐ Yes Date of last testing? (month / year) _____
PLEASE ATTACH A COPY OF THE STUDENT'S MOST RECENT TESTING.

Does he/she have a 504 Plan or IEP? ☐ No ☐ Yes- PLEASE ATTACH A COPY OF THE CURRENT MODIFICATIONS/ RECOMMENDATIONS FOR THIS STUDENT.

Would you be interested in applying for our PLUSS Program to meet this student's educational needs? ☐ No ☐ Yes
Student's enrolled in the PLUSS Program incur an additional $1,000 fee each year.

Does this student have any learning problems that are NOT diagnosed disabilities? If so, please identify these problems.

_____

_____

Is this student currently enrolled in any tutoring or special education programs or classes outside of his/her regular school day?
☐ No ☐ Yes—what are they? _____

_____

Have there been any changes in this student's family in the past 5 years (divorce, death, moves, remarriage)? ☐ No ☐ Yes -Please eplain.

_____

_____

Are you aware of any emotional changes in this student in the past 5 years? _____

_____

Has this student received counseling in the past 5 years? ☐ No ☐ Yes—Why, with whom, and how often?_____

_____

With whom does the student live? _____

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Student Form

The student requesting admission to Mount St. Mary Catholic High School must complete this form and return it to the MSM Admissions Office.

Applications will be reviewed only when all requested information is received. Questions should be directed to Diane Wilson at dwilson@mountstmary.org or 405.631.8865 ext 205.

Student's Name _____

In your own handwriting and in paragraph form, please explain why you would like to attend The Mount. Explain your goals and objectives for your high school education and how you can make a difference at The Mount as a student.

In paragraph form tell us about yourself, special interests, hobbies, church activities, and summer or part-time jobs.

Please complete the reverse side of this form.

Student Form –page 2

What academic areas are of interest to you? Why?

List all community activities you have participated in during the last 3 years. For example: church service, scouts, volunteer work, etc.

List all activities you have participated in during the past 3 years. For example: athletics, science fairs, art shows, musical groups, etc.

Have you failed any classes in the past 3 years? If so, what were they and have you made these classes up through summer school, etc?

Is there any additional information you feel we should know about YOU!

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Release of Records Transfer Applicant

This form should be forwarded to the student's current school as soon as possible.

Student's Legal Name: _____

Student's Current School _____

Parent / Guardian Signature: _____

Date: _____

I hereby give permission for the following information to be released to Mount St. Mary Catholic High School.

- Copy of Transcripts
- Standardized test scores (current year)
- Attendance Records (current year)
- Immunization Records
- Behavioral Observations

Please be advised that this student is an applicant for admission to Mount St. Mary Catholic High School. You will greatly assist this applicant and Mount St. Mary by providing the requested information as soon as possible. Information provided will be treated as confidential. Thank you for your cooperation. If you have any questions, please contact Diane Wilson, Admissions Coordinator, at 405.631.8865 ext 205 or at dwilson@mountstmary.org.

We respectfully request that the above requested information be faxed or mailed to the address below as soon as possible:

Fax: 405.631.9209 attention Diane Wilson

Diane Wilson, Admissions
Mount St. Mary Catholic High School
2801 S. Shartel
Oklahoma City, OK 73109

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Teacher / Counselor Recommendation
Transfer Applicant

This form is to be completed by a Principal or Counselor at the applicant's current school.

This student is an applicant for admission to The Mount. You will greatly assist the applicant and Mount St. Mary Catholic High School by completing the requested information as soon as possible. All information provided will be treated as confidential. Thank you for your cooperation.

Student's Legal Name _____

Current School _____ Grade Level / Graduation year _____

Principal / Counselor Signature _____

How long have you known this student? _____

Do you recommend the above named student for the educational program at Mount St. Mary Catholic High School? Why, or Why not?

_____

_____

Does this student have any diagnosed learning disability? ☐ No ☐ Yes– what modifications have been made for this student?

_____

_____

_____

Does this student currently have a 504 Plan or an IEP / ISP? ☐ No ☐ Yes– Please provide a copy of most recent testing.

Why do you feel this student is considering leaving his/her present school? _____

_____

Has this student been involved in any disciplinary action at your school? ☐ No ☐ Yes –please explain. _____

_____

_____

Please forward this completed form as soon as possible to:

Admissions
Mount St. Mary Catholic High School
2801 S. Shartel
Oklahoma City, OK 73109

OR you may fax this form to: 405.631.9209 attn: Diane Wilson