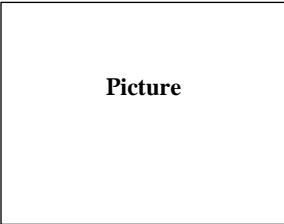




IMMACULATE CONCEPTION HIGH SCHOOL
152c CONSTANT SPRING ROAD
KINGSTON 8
JAMAICA W.I.



TEL: 876 924-1719/924-2141

Email: ichsfeedback@immaculatehigh.edu.jm

Website: www.immaculatehigh.edu.jm

TRANSFER APPLICATION FORM

- N.B**
- (1) This application will not be processed if there are sections which have not been completed or if the applicant has an average less than 85%
 - (2) This is **merely** an application form; it **does not guarantee** you an automatic acceptance.
 - (3) All selected transfer students are required to attend summer school.
 - (4) A **NON-REFUNDABLE** application fee of Ten Thousand Dollars (\$10,000.00) must be paid in along with this application form.
 - (5) A passport sized picture, a copy of PEP score (for new grade 7) and a copy of last report.

TO THE PARENT

1. Grade applying for _____
2. Name of Student _____

Last
Christian
Middle
3. Date of Birth _____
4. Email address: _____
5. Telephone Number(s) _____ (Home) _____ (Work)
 Cell: _____ (Digicel) _____ (Flow)
6. School which child is currently attending _____
7. School child was placed at under GSAT/PEP _____
8. Reason for requesting a transfer:
 - (a) Proximity []. Explain _____
 - (b) Relocation (from out of town) []. Explain _____
 - (c) Other (specify) []. Explain _____

Applicant

- Has applicant been dismissed from or not allowed to return to previous school? Yes No
- Has the applicant been put on academic/ disciplinary probation at previous school? Yes No
- Does the applicant have any physical disabilities? Yes No
- Has applicant ever been tested for learning disabilities? Yes No
- Does applicant have any learning disabilities? Yes No

If 'Yes' to any of the above, please explain providing documented evidence from the School/Institution.

Parent/Guardian Information

Father's Name

Last Name _____ First Name _____ Middle Name _____

Occupation _____ Name of Firm _____

Address _____ Phone # _____

Email Address: _____

Mother's Name

Last Name _____ First Name _____ Middle Name _____

Occupation _____ Name of Firm _____

Address _____ Phone # _____

Email Address: _____

Check all Applicable items

Applicants live with

- Both parents Mother Father Legal Guardian
 Older siblings Grandparent(s) Other relative _____ (specify)

(If NOT living with parent(s))

Guardian's Name

Last Name _____ First Name _____ Middle Name _____

Address _____ Phone # _____

Relatives who attended or who are attending Immaculate Conception High School

Name _____ Relationship _____ Year _____

Name _____ Relationship _____ Year _____

Name _____ Relationship _____ Year _____

Name _____ Relationship _____ Year _____

Information for Emergency or Medical

(Emergency contact (in case parent/guardian cannot be reached))

Name _____

Relationship to student _____ Phone _____ Cell _____

Parent/Guardian Cell Phone # _____

Parent/Guardian e-mail address _____

Co-Curricular Activities

Please check each activity below in which your child/ward either has experience or in which she may want to participate. Please note that your child/ward has to be actively involved in at least one (1) area each year during her tenure at the school.

- | | |
|--|--|
| <input type="checkbox"/> Key Club | <input type="checkbox"/> Stem CCT |
| <input type="checkbox"/> Aviation Club | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Savings Society | <input type="checkbox"/> United Nation |
| <input type="checkbox"/> Japanese Culture | <input type="checkbox"/> Artistic Swimming |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Sixth Form Association |
| <input type="checkbox"/> Table Tennis | <input type="checkbox"/> SETH Club |
| <input type="checkbox"/> Lawn Tennis | <input type="checkbox"/> Octogon Club (JOI) |
| <input type="checkbox"/> Business & Development | <input type="checkbox"/> Youth Empowerment |
| <input type="checkbox"/> Computer Club | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Christian in Action | <input type="checkbox"/> Football |
| <input type="checkbox"/> Between the Pages | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Netball | <input type="checkbox"/> Steel Band |
| <input type="checkbox"/> Film Club | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Debate Society | <input type="checkbox"/> Tourism in Action |
| <input type="checkbox"/> Engineering Club | <input type="checkbox"/> Sixth Form Fitness |
| <input type="checkbox"/> Junior Activism Movement | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Red Cross | <input type="checkbox"/> Angels of Love |
| <input type="checkbox"/> Drama Club | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Heritage Club | <input type="checkbox"/> Tutoring Programme |
| <input type="checkbox"/> Guitar Club | <input type="checkbox"/> Girl Guides |
| <input type="checkbox"/> Modern Languages Club | <input type="checkbox"/> Immaculate Conception Environmentalists (ICE) |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Medical Educational Development (MED) |
| <input type="checkbox"/> Art Club | <input type="checkbox"/> Inter- Schools Christian Fellowship (ISCF) |
| <input type="checkbox"/> Interact Club | <input type="checkbox"/> Protection of animal Welfare Society (PAWS) |
| <input type="checkbox"/> Gardening Club | <input type="checkbox"/> Immaculate Society of Mathematicians (ISUM) |
| <input type="checkbox"/> Operation Help the People | |

APPLICANT MUST COMPLETE

What do you hope to gain from your experience at Immaculate Conception High School and what would you like to bring to Immaculate Conception High School?

Signature of Applicant _____

Date _____

Signature of Parent/Guardian _____

Date _____

Print Name of Parent/Guardian _____

Immaculate Conception High School

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TO BE COMPLETED BY THE PRINCIPAL OR REPRESENTATIVE OF CURRENT SCHOOL ATTENDING.

The parent(s) of _____ have requested a transfer from _____ to
The Immaculate Conception High School.

Please fill out the following form and return it to the Principal of Immaculate Conception High School under CONFIDENTIAL COVER.

1. Name of the student (as it appears on the Birth Certificate) _____
2. Date of Birth of Student _____
3. Name of Parent(s) _____
4. Address of Parent(s) _____
5. Grade at which student was admitted _____
6. Present grade _____
7. Last accumulated G.P.A (on a 4.0 scale/average) _____
8. Areas of academic strength _____
9. Areas of academic weakness _____
10. Has the student ever been suspended? _____
11. If yes, state reason(s) and number of times _____

12. Was the student expelled from your school _____
13. If yes, state reason(s) _____
14. Has the student ever been in trouble with the law? _____
15. If yes, give a brief account _____
16. Has there been any other disciplinary problem with the student? _____
17. If yes, state the nature of the problem _____
18. (a) Has the student ever received detentions? _____
(b) If yes, give the number and circumstances _____
19. Is the student a member of any team/club/society? If 'yes', list below _____

20. Does the student (Parent(s)) owe outstanding fees/charges to the school? _____
21. Does the student always take required books /other material to school? _____
22. Is/Are the Parent(s) active members of the H.S.A/P.T.A? _____
23. Would you willingly readmit this student to your school? _____

24. Why? _____

25. Give your reasons for considering this transfer out of your school. _____

26. Do you consider the student a good fit for Immaculate Conception High School?

Please rate the applicant in the following areas: - (You may tick more than one)

1. Emotional Maturity – (how does the applicant deal with setbacks, unfamiliar / challenging situations).

- Child sulks Child becomes abusive, aggressive
- Child becomes complacent Child resolves to do math
- Child seeks help/assistance from **A. Guidance Counsellor B. Teacher C. Peers D. Principal (Provide documented evidence)**
- Child complains a great deal Child is forgiving.

2. Conflict Resolution Capacity – (Provide documented evidence)

- Child is quick to fight Child becomes abusive and threatening Child talks through problems
- Child seeks arbitration by appealing to **A. Principal B. Teacher C. Guidance Counsellor**
- Child has been in a Fight Verbal conflict Disagreement

3. Academic Discipline –

- (a) Child always does homework/classwork Child rarely does homework/classwork
- Child never does homework/classwork
- (b) Child always has material for school Child rarely has material Child never have material
- (c) Child mostly spends free time playing Child never spends free time playing Child mostly spends free time studying

4. Social Integration –

- Child makes friends easily Child communicates well with peers and adults in all circumstances
- Child affords respect to all Child 'plays' in violent and disruptive manner
- Child is reserved Child does not make friends easily
- Child is sullen Child is a poor communicator and disrespectful
- Child understands the importance of punctuality

My conclusion about _____ are based on

- Observation Subject Teacher Reports Form Teacher Report Records

Name of Officer completing form: _____ Signature _____

Position: _____ Date: _____

Telephone Number(s): _____

Place school stamp here _____

NOTE: The Form will NOT be processed if any section is left incomplete or if NOT returned under CONFIDENTIAL COVER.