



FOR OFFICE USE ONLY	
School Year:	_____
Application Rec'd:	_____
Testing Fee:	_____ Fee Rec'd: _____
Testing Date:	_____ Tested by: _____
Accepted:	_____ Letter Sent: _____
Interview Date:	_____
Reg. Fee Rec'd:	_____ Other: _____

4020 Roxton Ave. Los Angeles, CA. 90008  
Phone: (323) 292-3011 Fax: (323) 292-1527  
[www.transfigurationla.org](http://www.transfigurationla.org)

## Application for Admissions 2020-2021

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

### Instructions:

1. Please complete this application in its entirety in order to receive full consideration for admission.
2. The following is required with submission of application:
  - a. Non-refundable Application & Testing fee of \$50.00 (cash only)
  - b. Copies of the two most recent report card grading periods (NO expectations) for grades 1-8. We cannot process the application without the report cards.
  - c. A copy of your child's birth certificate
    - i. A child must be five (5) years of age on or before September 1<sup>st</sup> to enter Kindergarten.
  - d. Standardized Test scores

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**Please Print All Information**

**PUPIL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade in Sept. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Please Check: Male \_\_\_\_\_ Female \_\_\_\_\_  
Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Language spoken at home:       English       Spanish       Other \_\_\_\_\_

**FAMILY INFORMATION**

Father's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Child lives with: (Please check) \_\_\_\_ both parents    \_\_\_\_ mother    \_\_\_\_ father    \_\_\_\_ other  
Parents are:  Living together  Married  Re-married  Separated  Divorced  Mother Deceased  Father Deceased

If child lives with person other than parents, please provide information below:

Legal Guardian's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SIBLINGS**

Please list applicant's siblings who are currently enrolled at Transfiguration Catholic School (or those who are alumni):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please list all other siblings of the Applicant:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_



Are any relatives Alumni of Transfiguration Catholic School?  Mother  Father  other \_\_\_\_\_  No



**SCHOOL INFORMATION**

Please list previous school this applicant has attended

School Name	City/State	Dates Attended	Reason for leaving

**SACRAMENTAL & CHURCH INFORMATION**

Baptism: \_\_\_\_\_ Verified: \_\_\_\_\_  
Date Church City/State

First Communion: \_\_\_\_\_ Verified: \_\_\_\_\_  
Date Church City/State

In what parish are you registered? \_\_\_\_\_

In what activities do you participate in your parish? \_\_\_\_\_





**ADDITIONAL INFORMATION**

How did you hear about Transfiguration Catholic School? \_\_\_\_\_

Why do you want to enroll your child at Transfiguration Catholic School? \_\_\_\_\_

Does your child have any hobbies or activities he/she is interested in?  
\_\_\_\_\_

Has your Child ever been retained?  Yes  No

If "yes", please indicate grade level and circumstances: \_\_\_\_\_

Has your child ever been subjected to severe disciplinary action (i.e., suspension or expulsion)?  Yes  No

If "yes," please explain the circumstances: \_\_\_\_\_

Does your child take medication daily?  Yes  No

If "yes," what medication does she/he take? \_\_\_\_\_

Does your child have any physical, emotional, or psychological need or limitations?  Yes  No

If "yes," please describe: \_\_\_\_\_

Has your child received counseling, psychotherapy, or other assessments?  Yes  No

If "yes," please indicate what, when and where: \_\_\_\_\_

Does your child currently have, or has your child had in the past an Individual Education Program (IEP)?

Yes  No If applicable, what is the date of your last consultation? \_\_\_\_\_

What resources is your child receiving? \_\_\_\_\_

Is there anyone your would like us to contact as a reference?  Yes  No

Name \_\_\_\_\_ Contact Information \_\_\_\_\_



**SPECIAL NOTES**

1. A Baptismal certificate must be provided for all students who are entering Transfiguration Catholic School.
2. After acceptance and before the first day of school, students must provide records of adequate immunization.
3. California State Law requires all entering First Grade and students new to California to present satisfactory evidence for health screening/evaluation within the ten (10) month period prior to entering school, unless the child's parent/guardian gives written notice (waiver) that they do not want their child to receive such services. This includes proof of a negative TB test.
4. After submission of a completed application and support documentation, and completion of the admissions test, parents will receive a written notification of their child's admission status. This indicates the need for and admissions interview.



**AGREEMENT**

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all school records, including grades, health records, and any other developmental information regarding my child. I agree to support Transfiguration Catholic School's academic/discipline policies, administration, faculty, and parent organizations. I also agree to meet the financial responsibilities (tuition/fees/fund raisers) for this child.

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Signature of Parents/Guardian

Date

Signature of Parents/Guardian

Date

