



4020 Roxton Avenue, Los Angeles, CA 90008
Phone: (323) 292-3011 Fax: (323) 292-1527
www.transfigurationla.org

Application for Admissions 2024-2025

Student Name: _____

Entering Grade: _____

Instructions:

1. Please complete this application its entirety in order to receive full consideration for admission.

2. The following is required with submission of application:

- Non-refundable application and testing fee of \$50.00 (cash only)
- Birth Certificate - Original Certificate from the county of birth - hospital certificate and copies of the original are NOT acceptable.
- Immunization Records
- Custody Agreement (if applicable)
- For grades 1-8, submit copies of the two most recent report cards. We cannot process the application without the report cards.
- Standardized Test Scores (If applicable)
- If Catholic, submit baptism certificate
- A child must be (5) years of age on or before September 1st to enter Kindergarten.

FOR OFFICE USE ONLY

School Year: _____

Application Rec'd: _____

Testing Fee: _____ Fee Rec'd: _____

Testing Date: _____

Tested by: _____

Accepted: _____

Letter Sent: _____

Student Information

Last Name:	First Name:	Middle Name:
Date of Birth:	Child Gender: Male or Female	Grade Applying for:

Parent/ Guardian Information

Father's Information	
Name (First, Middle, Last)	
Occupation	
Religion	
Birthplace	
Address	
Phone Number	
Work Phone Number	
Email	
Mother's Information	
Name (First, Middle, Last)	
Occupation	
Religion	
Birthplace	
Address	
Phone Number	
Work Phone Number	
Email	

Parents are: Married Divorced Single Separated Other

Child lives with: Both parent's Mother Father Other

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

Legal Guardian's Name (First, Middle, Last)	
Relationship to child	
Address	
Phone Number	
Work Phone Number:	

School Information

Does your child currently attend middle school or elementary school?

- Yes
- No
- other: _____

Name, address, and grade of current middle school or elementary school.

Do you currently have other children enrolled at Transfiguration School?

- Yes
- No

If yes, please list their names and grades.

Do you have additional younger children at home?

- Yes
- No

If yes, what are their ages?

Parish Information

Primary faith practiced at home:

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Child's Sacraments received (if applicable):

Are either parent/guardian or family member an Alumnus?

Yes

No

If yes, please note name and graduation year.

Additional Information

How did you hear about Transfiguration 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 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 he/she 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 Individualized Education Plan (IEP)?

Yes No

If yes, when was your IEP meeting?

What resources is your child receiving?

Is there anyone you 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.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date



Transfiguration Elementary School

4020 Roxton Avenue, Los Angeles, CA 90008

Tel: (323)292-3011 Fax: (323)292-1527

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A community K-8 school teaching in the Catholic faith traditions with an exceptional accredited curriculum, a fine and performing arts program, and after-school enrichment programs.

Grade Preschool-8 Tuition Fees 2024-2025

Tuition: Preschool

1 student \$8,200 (\$820) per month payable in 10 months

Extended day program available from 7:45am to 5:00pm daily

Age 2 1/2 to 5 years - must be fully potty trained.

Additional student(s) discuss fee with Principal

\$10 if late pick-up to 5 minutes thereafter is an additional \$1 fee for every minute.

Tuition: Kindergarten-8th grade

1 student \$4,900

Kindergarten and 8th grade graduation fee to be determine.

Additional students in the family - 2nd sibling \$3,500, 3rd or more \$2,500 per year

Hours of Operation: 8:00am-2:45pm M, T, TH, F

8:00am-1:00pm W (subject to change)

Students may be on the campus no more than 15 minutes before and after the hours of operation unless they have enrolled in before school care.

Registration Fee non-refundable

Early registration \$200 per child applicable only on January 28, 2024.

\$275 per child by May 15, 2024;

\$375 per child after May 15, 2024,

Payments

Payments: Monthly on the 1st, 15th, or 30th of each month spread across the school year for 10 months. August 2024 through May 2025.

Please note that if you have an 8th grader, tuition must be paid on the 1st or 15th .

Before and After School Enrichment Program

One student \$220 per month (7:00am to 8:00am and 3:00pm tp 5:30pm)

Two students \$350 per month

Three or students - principal will determine the fee

\$10 if late pick-up to 5 minutes thereafter is an additional \$1 fee for every minute.

\$10 Drop-In Fee

Fundraising and Service Hours

Fundraising: The school has at least two fundraisers each year and families must participate by selling a minimum of \$500 for the year per student. Additional \$100 for each additional student. These fundraisers are an important part of building awareness of our school in the community as well as contributing to the cost to educate your student. A list of fundraiser for the year will be provided at the beginning of the school year.

Service Hours: 30 hours of volunteer service per student (10 additional service hours for each additional student) to be completed before May 15, 2025. In lieu of service hours, families will pay \$480 for one student. All service hours are to be performed by Virtus-trained adults. One hour is \$16.