



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

Application for Admissions 2026-2027

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: _____

Accpeted: _____

Letter Sent: _____

SCHOOL INFORMATION

Does your child currently attend middle school or elementary school? Yes No

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:

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 did you want to enroll your child at Transfiguration Catholic School?

Why did 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 even 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 assessment? Yes No

If yes, please indicate what, when and where:

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

If yes, when was your IEP meeting?

