



INCARNATE WORD HIGH SCHOOL TRANSFER APPLICATION



Director of Enrollment
727 E. Hildebrand Avenue, San Antonio, TX 78212
Phone: 829-3118 Fax: 210-829-3101

Please print. Answer all questions and complete all items. Do not leave any items blank. If a question does not apply to you, please write "N/A."

SECTION I: STUDENT INFORMATION

Applying for: Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/>		Date of Application:	Grade Applying for: <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
Applicant's SSN: - -		Last Name	First Name	Middle
Have you attended IWHS before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", when?	Reason for leaving?		
Applicant's Home Address:			City, State, Zip:	
Applicant's Home Phone:	Applicant's Cell Phone:	Applicant's Email:		
Applicant's City/State of Birth:	Applicant's Date of Birth: / /	Will applicant Board at IWHS? <small>If yes, request dorm application.</small> Yes <input type="checkbox"/> No <input type="checkbox"/>	With Whom does student reside?	

If you answer NO to BOTH questions, please fill out the INTERNATIONAL APPLICATION	Is Applicant a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please check Applicant's Race/Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Anglo <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Other _____
	Is Applicant a U.S. Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Applicant's Native Country:	

REQUIRED What school are you currently attending?	School Name:	REQUIRED Which public high school would you normally attend?	School Name:
	Address, City, State, Zip:		District: (Example: NEISD, NISD, SAISD, etc.)
	Phone: Fax:		County:

The following information is for census purposes only. Incarnate Word High School admits students regardless of color, race, or creed.			
What is your religious affiliation?	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>	If Catholic, what parish do you attend?

As a Transfer Student, why do you want to leave your current school? (TO BE COMPLETED BY THE STUDENT ONLY)





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SECTION II: SCHOOL/ACADEMIC INFORMATION

Please provide the following information for all schools attended for the grades indicated.

Grade Level	Name of School	Address of School
9 th		
10 th		
11 th		
12 th		

If you are applying to 10th grade: Provide information listed below for 9th grade.

If you are applying to 11th grade: Provide information listed below for 9th and 10th grade.

If you are applying to 12th grade: Provide information listed below for 9th, 10th and 11th grade.

- Official transcripts/report cards from the school(s) listed above must be submitted to Incarnate Word High School to complete this application.
- The "San Antonio Catholic High Schools Confidential Recommendation for Transfer Students" must be completed and submitted by your current administration officer.

Please check the Math course(s) you have taken or are currently taking: Pre-Algebra Algebra I Algebra II Geometry Pre-Calculus Calculus
Other: _____

List all AP course(s) you have taken or are taking:

List any school or community activities, clubs, sports, or extra-curricular activities in which you have participated (you may attach a resume to your application for clarification and detail):

Please check the extracurricular activities you are interested in.

Athletics Specify: _____
 Choral Drama Dance Piano Literary Other _____

List all honors, awards, recognition received (you may attach a resume to your application for clarification and detail):



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SECTION III: PARENT/GUARDIAN INFORMATION

The information below is being provided by: Parents Guardian – *submit letter with a statement of guardianship.*
Relationship to Applicant: _____

Parent's Marital Status: Married Separated Divorced Single Widowed

Please complete ALL information below. Indicate if deceased.

FATHER	MOTHER
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Fax Number	Fax Number
Email (Required for Renweb)	Email (Required for Renweb)
Job Title	Job Title
Company	Company

How did you hear about Incarnate Word High School? _____

List any relatives attending/attended IWHS: _____

The information submitted on this application is correct and true to the best of my knowledge at the time of application. I have not knowingly submitted any false or misleading information. I understand that if it is determined that the information submitted is false or misleading, admission to Incarnate Word High School may be denied or revoked.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Applications will be reviewed after they are **complete** and submitted to the Office of Admissions with all required items. Use the checklist below to request the items for application. A complete application consists of the following

- Transfer Application – to be returned to IWHS.
- Catholic High Schools Confidential Recommendation (give this form to your daughter's current school.)
- The **official** transcript(s) **and** standardized test scores for all high school years completed (from the current school being attended).