



Preston High School  
2780 Schurz Ave Bronx, NY 10465  
Tel: 718-863-9134 Fax: 718-863-6125  
www.prestonhs.org

## Transfer Application for Admission (10<sup>th</sup> or 11<sup>th</sup> Grade)

**Part I: To be completed by the parent of the applicant**

Date of Application: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current School: \_\_\_\_\_

Current School Address: \_\_\_\_\_

Current School Phone and Fax: \_\_\_\_\_

Previous Elementary School: \_\_\_\_\_

- Has your child ever been expelled from school? [ ] Yes [ ] No
- Has your child ever been suspended? [ ] Yes [ ] No
- Has your child ever been asked to withdraw? [ ] Yes [ ] No
- Has your child ever been in trouble with the law?[ ] Yes [ ] No

If the answer to any of these questions is yes, please elaborate:

---

---

---



**Part III: to be completed by school officials (pages 3 and 4)**

- Please return this recommendation form in a sealed envelope to the student applicant. Please affix your school seal on the back flap of the envelope to ensure confidentiality.

<b>Guidance Counselor Form</b>	
◆	Please comment on this student's attendance and tardy record:
◆	Are you aware of any reason why this student would not be registered for the next grade level at your school?
◆	Has this student been involved in any disciplinary action taken by school officials? <input type="checkbox"/> Yes <input type="checkbox"/> no If yes, please explain:

---

(Counselor's Signature)

(Title)

(Phone)

(Date)

Thank you very much for your input.

If you have any questions or concerns, please contact Cristina Fragale, Director of Admissions, at 718-863-9134, ext. 132

- 
- ❑ Please return this recommendation form in a sealed envelope to the student applicant. Please affix your school seal on the back flap of the envelope to ensure confidentiality.

## Recommendation of Academic Progress

Name of Student: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Subject(s) teaching this student: \_\_\_\_\_

Please indicate your assessment of this student:

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Fair</i>	<i>Poor</i>
Attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes insightful observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises academic leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments:

---

---

---

---

---

---

---

---

Thank you very much for your input.

If you have any questions or concerns, please contact Cristina Fragale,, Director of Admissions, at 718-863-9134, ext. 132