



Preston High School

2780 Schurz Avenue, Bronx, NY 10465
Tel: 718-863-9134 / Fax: 718-863-6125 / www.prestonhs.org

Transfer Admissions Process

Thank you for your interest in transferring to Preston High School.

To initiate your transfer process, please complete the attached **Transfer Admissions Application**. Prompt submission of this form is imperative. Acceptance for transfer students is conducted on a rolling basis, contingent upon the quarter's progression.

Kindly contact your current school to request a **copy of your official transcript and most recent report card**. This transcript must encompass final grades and Regents exam scores, enabling us to comprehensively evaluate your academic background. These documents must be submitted with your transfer application.

All completed applications and supporting documents should be mailed to:

Preston High School
ATTN: Office of Recruitment & Development
2780 Schurz Avenue
Bronx, NY 10465

Upon receipt of the completed application and documents, an **admissions interview** will be promptly arranged.

Should you require further assistance, please feel free to contact the Office of Recruitment and Development at 718-863-9134 ext. 131 or ext. 132.



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Transfer Admissions Application

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

Date of Application: _____ **Applying for Grade (please circle one):** 10th or 11th

Student Name: _____ **DOB:** _____

Parent Name: _____

Address: _____

Telephone: _____ **Email:** _____

Current School: _____

Current School Address: _____

Current School Phone: _____

Previous Elementary School: _____

Are you a family member of a Preston student or graduate? ☐ Yes ☐ No

If yes, provide name, relationship, & graduation year: _____

Did you take the TACHS Exam? ☐ Yes ☐ No **If yes, please provide LPR score:** _____

- | | |
|--|--|
| <input type="checkbox"/> Has your child ever been expelled from school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Has your child ever been suspended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Has your child ever been asked to withdraw? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Has your child ever been in trouble with the law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Part II: *To be completed by the Student Applicant:*

- 1. Please list the clubs, sports, and leadership roles you have been involved in at your current high school.**

- 2. Please list the sports, activities, and community service in which you have participated outside of school in the past two years.**

- 3. On the lines below, please explain to us the reason(s) you would like to transfer to Preston High School. You may use additional paper if needed.**

[illegible]

- Please ask a Counselor or Administrator to complete page 3 of this application. The form must be enclosed in a sealed envelope with the school seal stamped over the envelope's opening. This is to protect confidentiality.
- Please attach a copy of your transcript or most recent report card to this application.
- You may submit this application in person or by mail to the PHS Office of Recruitment and Development. After reviewing the application, you will be contacted via email or by phone of the next procedural steps.
- If you have any questions or concerns, please call the Admissions Office at 718-863-9134, ext. 132. Thank you for your application!

(Parent Signature)

(Date)

(Student Signature)

(Date)

Part III: to be completed by school officials (page 3)

Please return this counselor form to the student applicant in a sealed envelope. Kindly affix your school seal on the back flap of the envelope to maintain confidentiality. Alternatively, you may email it to acrodriguez@prestonhs.org.

Counselor Form	
♦ 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:	
♦ Does this student have an IEP, IESP, or SAP/504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
♦ Is this student in good financial standing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

Please complete the following:

	<u>Grade 9</u>	<u>Grade 10</u>
English		
Mathematics		
History		
Science		
Theology		
Language		
Health		
Art/Music		

	<u>Grade 9</u>	<u>Grade 10</u>
Days Absent		
Days Late		

<u>Regents Exam</u>	<u>Grade</u>

Please list any upcoming Regents Exams that the student is scheduled to take:

(Counselor's Signature)

(Title)

(Phone)

(Date)

Thank you very much for your input. If you have any questions or concerns, please contact: Cristina Fragale, Senior Director of Recruitment & Development, at 718-863-9134, ext. 132