

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

Transfer Application for Admission

$(10^{th} or 11^{th} Grade)$

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	l from school? [] Yes [] No
☐ Has your child ever been suspend	
☐ Has your child ever been asked to	withdraw? [] Yes [] No
 Has your child ever been in troub 	ole with the law?[] Yes [] No
If the answer to any of these questions is	yes, please elaborate:

Part II: To be completed by the Student Applicant:

•	Please list the clubs, sports, and leadership roles you have been involved in at your current high school.				
•	Please list the sports, activities, and community service in which you have participated outside of school in the past two years.				
•	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.				
	Please ask a Guidance Counselor or Administrator who knows you to complete the attached form and a current teacher to complete the recommendation form. These 2 forms 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 Cristina Fragale, Director of Admissions. After reviewing the application, you will be contacted via mail 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!				

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.

Guidance Counselor Form							
◆ Please comment on this student's attendanc	e and tardy record:						
Are you aware of any reason why this stude school?	ent would not be re	gistered for the next gr	ade level at your				
Has this student been involved in any discip	alinamy action talean	hy sahaal officials?	□ Yes □ no				
If yes, please explain:	pilitary action taken	by school officials?	a res a no				
7 /1 1							
(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.

Name of Student:	_											
Teacher's Name:												
Subject(s) teaching this student:												
				-								
Disass in disasts were assessment of this student.												
Please indicate your assessment of this student: Excellent Good Average Fair Poo												
Attention in class			Average		Poor							
Participation in class discussions		ם נ]								
Makes insightful observations		ם נ]								
Timely completion of assignments												
Reading ability												
Writing ability												
Analytical skills												
Respect for others												
Exercises academic leadership												
Seriousness of purpose												
belloushess of purpose												
Other comments:												
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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