



Chicago Academy High School

Providing a supportive, reflective environment for students committed to attending college

3400 N. Austin Chicago, Illinois 60634

Phone: 773-534-0146 Fax: 773-534-0192

<http://cahs.auslchicago.org>



TRANSFER STUDENT APPLICATION Semester 2 SY18



A complete transfer application includes the following up-to-date records:

- Unofficial Transcript
- Attendance record
- Discipline record
- Proof of City Residency
- Most recent PSAT Scores
- ISBE Student in Good Standing
- Current Semester School Year- Report Card

PART I: Student Information

Student's Last Name: _____ First Name: _____

CPS ID #: _____ Gender: Male Female Birth Date: _____

Race/Ethnicity:

- Asian/Pacific Islander
- Black, Non-Hispanic
- Hispanic
- Native American/Alaskan Native
- White, Non-Hispanic
- Other: _____

Parent/Guardian Name: _____

*Home Address: _____ Chicago, IL (zip) _____

Day Phone: _____ Evening Phone: _____

Student's Current School: _____. As the applying student I am seeking enrollment for (check appropriate circles) as an incoming:

- 10th Grade
- 11th Grade

PART II. Reason for Requesting Transfer:

Signature of Parent/Guardian (required): _____

Signature of Student (required): _____

PLEASE NOTE: Incomplete or Illegible applications will not be considered and space is limited.

****Proof of Address will be required prior to enrollment.***

It is the policy of the Board of Education of the City of Chicago not to discriminate on the basis of race, color, national origin, sex, gender, sexual orientation, age, religion or disability in its educational program or employment policies or practices. Inquiries concerning the application of Title IX of the Education Amendments of 1972 and related regulations concerning sex discrimination should be referred to the CPS Equal Opportunity Compliance Office.

Office Use Only: ONLY ACCEPT APPLICATIONS THAT ARE COMPLETE PLEASE!

CAHS staff signature: _____ Date received: _____