



Catholic Memorial HIGH SCHOOL

Clearance Form For Prospective Transfer Students

Dear Parent/Guardian: After reviewing this form, please complete Section A. *Be sure to sign this release statement.* Upon completion, submit both pages of this form to your student’s counselor at his/her current school.

The school official should complete Section B and he/she *should mail both pages directly to CMH in an official school envelope.* The information provided on this form will be used in conjunction with academic credentials and other information to determine acceptance to Catholic Memorial High School.

All of the following documents are required to determine acceptance. Please forward to:

The Office of Admissions
Catholic Memorial High School
601 E. College Ave.
Waukesha, WI 53186.

If you do not have these documents, please ask your student’s counselor to send them along with this form when it is completed.

1. Current Transcripts – unofficial is acceptable
2. Quarter Grades – if not included in transcript
3. Standardized Tests Scores – PSAT, PLAN, ACT or SAT – if not included in transcript
4. Curriculum Guide/Course Selection Guide from current school
5. Name and contact number for:

School Counselor _____ phone _____

Assistant Principal _____ phone _____

SECTION A

Students Name: _____

Current School: _____

Location of School: _____

Release Statement: I hereby give permission to a representative of my child’s current school to release any requested information regarding my child to the officials at Catholic Memorial High School.

Parent/Guardian: _____ Date: _____

SECTION B

Dear School Official: Please complete this form and return it in an official school envelope, along with the documents listed on Page 1 to:

The Office of Admissions
Catholic Memorial High School
601 E. College Ave.
Waukesha, WI 53186-5538

We require each question on this form to be answered. Your prompt attention to this matter is greatly appreciated. If you should have any questions, please contact Chris Benyousky, Director of Counseling, at (262) 542-7101, ext. 217. The information provided on this form, as well as other requested material, will be used to determine acceptance to Catholic Memorial High School. Thank you.

Days Absent: (Current year) _____ (Cumulative) _____

Days Tardy: (Current year) _____ (Cumulative) _____

Current GPA: _____ Cumulative GPA _____ Numbers of credits earned _____

List titles of classes failed _____

Extenuating Circumstances:

Expulsion? ____ Yes ____ No If yes, explain: _____

Suspension? ____ Yes ____ No If yes, explain: _____

Disciplinary probation? ____ Yes ____ No If yes, explain: _____

Exceptional Need? ____ Yes ____ No If yes, explain: _____

Recommendation: Please make a general comment on the academic and personal qualities of the applicant that could help us in our decision:

____ Highly Recommend ____ Recommend

____ Recommend with reservations because: _____

____ Not Recommended because: _____

Signature of School Representative

Position

Date