

Transfer Student Application

PLEASE PRINT ALL INFORMATION.



Applicant's Full Legal Name _____

Date of Birth _____

Place of Birth _____

Address _____

City _____, New York Zip Code _____

Home Phone _____

Cell Phone _____

Student Email Address _____

Transferring School _____

Grades Completed _____

Grammar/Middle School _____

Grades Completed _____

Do you have an IEP or 504 Plan? Yes No Your Current GPA _____

Why do you wish to attend Mount Mercy Academy?

Please list the courses you are currently taking and your current average in that course.

Do you participate in any Sports? Yes No

If yes, please list a and note Captain/Varisty/JV: _____

Have you suffered a concussion or any other medical emergency that has kept you from playing a sport?

Yes No If yes, Please list: _____

PARENT'S/GUARDIAN'S INFORMATION (PLEASE PRINT)

Parent/Guardian(s) First & Last Name _____

Relationship to Applicant _____

Home Phone _____

Parent/Guardian(s) Cell phone _____

Parent Email Address _____

Would you like to disclose any additional information that would be beneficial to Mount Mercy Academy, so we can provide the best education possible for the applicant such as: medical, custodial, and/or legal? _____Yes _____No

If yes, please list: _____

AGREEMENT MUST BE SIGNED BY BOTH PARENT AND APPLICANT.

The above information is true and we have not withheld any important information that will ensure acceptance for the applicant. If any important information has been withheld I (we) understand that Mount Mercy Academy can withdraw the applicant's acceptance to Mount Mercy Academy at anytime.

I (we) understand that the applicant must give a copy of the following documents to Mount Mercy Academy at the time of the interview: IEP or 504 (if applies), the completed Msgr. Martin Athletic League application, copy of applicant's current report card or transcript. Failure to produce this information will put a delay on acceptance.

I (we) understand that one month tuition must be paid before applicant can begin school at Mount Mercy Academy. Failure to pay tuition will result in termination from Mount Mercy Academy.

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

Please return completed application to Mount Mercy Academy, Admissions Office, 88 Red Jacket Parkway, Buffalo NY 14220, fax to (716) 825-0976 or email to jburvid@mtmercy.org.

