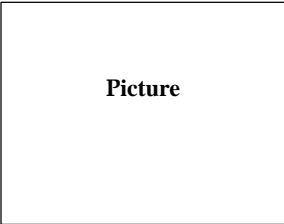




**IMMACULATE CONCEPTION HIGH SCHOOL**  
**152c CONSTANT SPRING ROAD**  
**KINGSTON 8**  
**JAMAICA W.I.**



TEL: 876 924-1719/924-2141

Email: [ichsfeedback@immaculatehigh.edu.jm](mailto:ichsfeedback@immaculatehigh.edu.jm)

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**TRANSFER APPLICATION FORM**

<b>N.B</b>	<b>(1) This application will not be processed if there are sections which have not been completed or if the applicant has an average less than 85%</b>
	<b>(2) This is <u>merely</u> an application form; it <u>does not guarantee</u> you an automatic acceptance.</b>
	<b>(3) All selected transfer students are required to attend summer school.</b>
	<b>(4) A <u>NON-REFUNDABLE</u> application fee of Ten Thousand Dollars (\$10,000.00) must be paid in along with this application form.</b>
	<b>(5) A passport sized picture, a copy of PEP score (for new grade 7) and a copy of last report.</b>

**TO THE PARENT**

1. Grade applying for \_\_\_\_\_
2. Name of Student \_\_\_\_\_  

**Last**
**Christian**
**Middle**
3. Date of Birth \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Telephone Number(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
 Cell: \_\_\_\_\_ (Digicel) \_\_\_\_\_ (Flow)
6. School which child is currently attending \_\_\_\_\_
7. School child was placed at under GSAT/PEP \_\_\_\_\_
8. Reason for requesting a transfer:
  - (a) Proximity [ ]. Explain \_\_\_\_\_
  - (b) Relocation (from out of town) [ ]. Explain \_\_\_\_\_
  - (c) Other (specify) [ ]. Explain \_\_\_\_\_

**Applicant**

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Has applicant been dismissed from or not allowed to return to previous school?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Has the applicant been put on academic/ disciplinary probation at previous school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Does the applicant have any physical disabilities?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Has applicant ever been tested for learning disabilities?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Does applicant have any learning disabilities?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

**If 'Yes' to any of the above, please explain providing documented evidence from the School/Institution.**

**Parent/Guardian Information**

**Father's Name**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother's Name**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check all Applicable items**

Applicants live with

- Both parents     Mother     Father     Legal Guardian  
 Older siblings     Grandparent(s)     Other relative \_\_\_\_\_ (specify)

**(If NOT living with parent(s))**

**Guardian's Name**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Relatives who attended or who are attending Immaculate Conception High School**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year \_\_\_\_\_

**Information for Emergency or Medical**

**(Emergency contact (in case parent/guardian cannot be reached))**

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Cell Phone # \_\_\_\_\_

Parent/Guardian e-mail address \_\_\_\_\_

## Co-Curricular Activities

Please check each activity below in which your child/ward either has experience or in which she may want to participate. Please note that your child/ward has to be actively involved in at least one (1) area each year during her tenure at the school.

- |  |  |
|--|--|
| <input type="checkbox"/> Key Club                  | <input type="checkbox"/> Orchestra                                     |
| <input type="checkbox"/> Aviation Club             | <input type="checkbox"/> Stem CCT                                      |
| <input type="checkbox"/> Savings Society           | <input type="checkbox"/> Hockey  |
| <input type="checkbox"/> Japanese Culture          | <input type="checkbox"/> United Nation                                 |
| <input type="checkbox"/> Lacrosse                  | <input type="checkbox"/> Swimming/Water Polo                           |
| <input type="checkbox"/> Table Tennis              | <input type="checkbox"/> Sixth Form Association                        |
| <input type="checkbox"/> Lawn Tennis               | <input type="checkbox"/> SETH Club                                     |
| <input type="checkbox"/> Business & Development    | <input type="checkbox"/> Octogon Club (JOI)                            |
| <input type="checkbox"/> Computer Club             | <input type="checkbox"/> Youth Empowerment                             |
| <input type="checkbox"/> Christian in Action       | <input type="checkbox"/> Sign Language                                 |
| <input type="checkbox"/> Between the Pages         | <input type="checkbox"/> Football                                      |
| <input type="checkbox"/> Netball                   | <input type="checkbox"/> Track & Field                                 |
| <input type="checkbox"/> Film Club                 | <input type="checkbox"/> Steel Band                                    |
| <input type="checkbox"/> Debate Society            | <input type="checkbox"/> Spanish                                       |
| <input type="checkbox"/> Engineering Club          | <input type="checkbox"/> Tourism in Action                             |
| <input type="checkbox"/> Junior Activism Movement  | <input type="checkbox"/> Chess   |
| <input type="checkbox"/> Red Cross                 | <input type="checkbox"/> Basket Ball                                   |
| <input type="checkbox"/> Drama Club                | <input type="checkbox"/> Angels of Love                                |
| <input type="checkbox"/> Heritage Club             | <input type="checkbox"/> Journalism                                    |
| <input type="checkbox"/> Guitar Club               | <input type="checkbox"/> Tutoring Programme                            |
| <input type="checkbox"/> Modern Languages Club     | <input type="checkbox"/> Girl Guides                                   |
| <input type="checkbox"/> Robotics                  | <input type="checkbox"/> Immaculate Conception Environmentalists (ICE) |
| <input type="checkbox"/> Art Club                  | <input type="checkbox"/> Medical Educational Development (MED)         |
| <input type="checkbox"/> Interact Club             | <input type="checkbox"/> Inter- Schools Christian Fellowship (ISCF)    |
| <input type="checkbox"/> Gardening Club            | <input type="checkbox"/> Protection of animal Welfare Society (PAWS)   |
| <input type="checkbox"/> Operation Help the People | <input type="checkbox"/> Immaculate Society of Mathematicians (ISUM)   |
| <input type="checkbox"/> Volley Ball               |  |

**APPLICANT MUST COMPLETE**

What do you hope to gain from your experience at Immaculate Conception High School and what would you like to bring to Immaculate Conception High School?

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

# Immaculate Conception High School

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## **TO BE COMPLETED BY THE PRINCIPAL OR REPRESENTATIVE OF CURRENT SCHOOL ATTENDING.**

The parent(s) of \_\_\_\_\_ have requested a transfer from \_\_\_\_\_ to  
The Immaculate Conception High School.

### **Please fill out the following form and return it to the Principal of Immaculate Conception High School under CONFIDENTIAL COVER.**

1. Name of the student (as it appears on the Birth Certificate) \_\_\_\_\_
2. Date of Birth of Student \_\_\_\_\_
3. Name of Parent(s) \_\_\_\_\_
4. Address of Parent(s) \_\_\_\_\_
5. Grade at which student was admitted \_\_\_\_\_
6. Present grade \_\_\_\_\_
7. Last accumulated G.P.A (on a 4.0 scale/average) \_\_\_\_\_
8. Areas of academic strength \_\_\_\_\_
9. Areas of academic weakness \_\_\_\_\_
10. Has the student ever been suspended? \_\_\_\_\_
11. If yes, state reason(s) and number of times \_\_\_\_\_  
\_\_\_\_\_
12. Was the student expelled from your school \_\_\_\_\_
13. If yes, state reason(s) \_\_\_\_\_
14. Has the student ever been in trouble with the law? \_\_\_\_\_
15. If yes, give a brief account \_\_\_\_\_
16. Has there been any other disciplinary problem with the student? \_\_\_\_\_
17. If yes, state the nature of the problem \_\_\_\_\_
18. (a) Has the student ever received detentions? \_\_\_\_\_  
(b) If yes, give the number and circumstances \_\_\_\_\_
19. Is the student a member of any team/club/society? If 'yes', list below \_\_\_\_\_  
\_\_\_\_\_
20. Does the student (Parent(s)) owe outstanding fees/charges to the school? \_\_\_\_\_
21. Does the student always take required books /other material to school? \_\_\_\_\_
22. Is/Are the Parent(s) active members of the H.S.A/P.T.A? \_\_\_\_\_
23. Would you willingly readmit this student to your school? \_\_\_\_\_

24. Why? \_\_\_\_\_

25. Give your reasons for considering this transfer out of your school. \_\_\_\_\_

\_\_\_\_\_

26. Do you consider the student a good fit for Immaculate Conception High School?

\_\_\_\_\_

**Please rate the applicant in the following areas: - (You may tick more than one)**

1. Emotional Maturity – (how does the applicant deal with setbacks, unfamiliar / challenging situations).

- Child sulks       Child becomes abusive, aggressive
- Child becomes complacent       Child resolves to do math
- Child seeks help/assistance from    **A. Guidance Counsellor    B. Teacher    C. Peers    D. Principal (Provide documented evidence)**
- Child complains a great deal       Child is forgiving.

2. Conflict Resolution Capacity – (Provide documented evidence)

- Child is quick to fight     Child becomes abusive and threatening     Child talks through problems
- Child seeks arbitration by appealing to      **A. Principal      B. Teacher      C. Guidance Counsellor**
- Child has been in a     Fight     Verbal conflict     Disagreement

3. Academic Discipline –

- (a)  Child always does homework/classwork       Child rarely does homework/classwork
- Child never does homework/classwork
- (b)  Child always has material for school     Child rarely has material       Child never have material
- (c)  Child mostly spends free time playing     Child never spends free time playing       Child mostly spends free time studying

4. Social Integration –

- Child makes friends easily     Child communicates well with peers and adults in all circumstances
- Child affords respect to all     Child ‘plays’ in violent and disruptive manner
- Child is reserved     Child does not make friends easily
- Child is sullen     Child is a poor communicator and disrespectful
- Child understands the importance of punctuality

My conclusion about \_\_\_\_\_ are based on

- Observation       Subject Teacher Reports       Form Teacher Report       Records

Name of Officer completing form: \_\_\_\_\_ Signature \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Place school stamp here \_\_\_\_\_

**NOTE: The Form will NOT be processed if any section is left incomplete or if NOT returned under CONFIDENTIAL COVER.**