



**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 this form to your student's counselor at his/her current school.

The school official should complete Section B and he/she *should mail or email 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.

In addition, please ask your student's counselor to send the following along with this form when it is completed.

1. Current Transcript – unofficial is acceptable
2. Quarter Report Card – if not included on transcript
3. Standardized Tests Scores – PSAT, ASPIRE, ACT or SAT – if available
4. Copy of Student's upcoming schedule, if applicable
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. 531. 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: \_\_\_\_\_

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Signature of School Representative

Position

Date