

WHITNEY M. YOUNG MAGNET HIGH SCHOOL

Chicago Public Schools
211 S. Laflin Street
Chicago, IL 60607
773-534-7500 EXT. 47624

STUDENT TRANSFER APPLICATION for 2008-2009

Date: _____

Name: _____

Address: _____
Last First M.I.
Apt. # Zip Code

Home Phone: _____ Parent's Work Phone: _____

School I.D. # _____ Social Security #: _____

Present Grade _____ GPA _____ Sex: Male _____ Female _____

Current School: _____ Phone number: _____

Racial/Ethnic Code: (Please circle)

White African-American Native American Asian Hispanic

Grade for which this application is being made: 10th _____ 11th _____ 12th _____

**APPLICATION PERIOD IS MARCH 1-MARCH 31, 2008.
APPLICATIONS MUST BE POSTMARKED BY APRIL 1ST.**

Applicant must be a resident of the city of Chicago.
Applicant must have at least a "B" (3.0 on 4.0 scale) grade point average.
Student selection is on space available basis.
Students are selected according to mandated racial/ethnic criterion.

With this application you must submit all of the following:

- **An unofficial transcript showing previous and most recent semester grades and GPA**
- **A copy of medical/immunization records**
- **A copy of your last standardized test scores**
- **The attached Conduct Report completed by school officials and forwarded to WYHS.**

**APPLICANTS WILL BE EVALUATED ON THE INFORMATION SUBMITTED.
ALL DECISIONS WILL BE MAILED ON APRIL 25, 2008.**

*CONDUCT REPORT

Name: _____

Date: _____

Current High School: _____

Students applying for admission to Whitney M. Young Magnet High School must have this report completed at their current high school. Your application to transfer to Whitney M. Young Magnet High School will not be considered until this form is received and evaluated. The signature of the parent/guardian below indicates that permission is granted for the current high school to send the requested information to Whitney Young H.S. The current school must forward this form to:

WHITNEY M. YOUNG MAGNET HIGH SCHOOL
C/O Ms. Lynn Zalon
211 S. Laflin Street
Chicago, IL 60607
MAIL RUN #38

Signature of Parent/Guardian: _____

DISCIPLINE RECORD REVIEW

Dear Dean/Disciplinarian:

Please complete this form and comment at the bottom.

- | | | |
|---|-----|----|
| 1. Has this student ever received an out of school suspension? | YES | NO |
| 2. Has this student ever received an in school suspension? | YES | NO |
| 3. Has any other type of disciplinary action been taken against this student? | YES | NO |

Please explain in detail the nature of any items that were circled as YES.

Please use the other side if necessary.

School Official

Position

Date

WHITNEY M. YOUNG MAGNET HIGH SCHOOL
Admission Office
211 S. Laflin Street
Chicago, IL 60607

Ms. Lynn Zalon
Admissions Director
773-534-7500 EXT 7624

Please retain this sheet for your records and reference regarding transfers.

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