

Whitney M. Young Magnet High School
211 South Laflin Street
Chicago, IL 60607
773-534-7624
Fax: 773-534-7261

STUDENT TRANSFER APPLICATION



The application period will begin March 4, 2013. All Applicants must be Chicago residents at the time of enrollment.

Applications received after April 1st will be evaluated if additional space becomes available. Applications will be evaluated based on the information submitted.

ALL DECISIONS WILL BE MAILED ON MAY 10th, 2013.

Please check the address provided as all decisions will be mailed to the address provided on the application.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION FOR FULL CONSIDERATION:

- An official transcript showing all previous course work and most recent semester grades, GPA and class rank (including semester 1 of current year)
- A copy of the most recent standardized test score
- Student Questionnaire
- One letter of recommendation from a teacher within the last year
- A school profile
- A copy of medical/ immunization records
- The attached conduct report completed by a school official and must be returned in a sealed envelope

**Please mail or fax all application materials to:
Whitney Young High School Admissions
ATTN: Augustina Bottari
211 South Laflin
Chicago, IL 60607
Fax: 773-534-7261**

Whitney M. Young Magnet High School
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Date: _____

Current Grade Level: 9 10 11
(Please Circle)

Student Last Name: _____ Student First Name: _____ M.I. _____

Date of Birth: __/__/__

CPS School ID#: _____

Home Phone: _____

Address: _____ Apt.#: _____ Zip Code: _____

City: _____ State: _____

Current School: _____ School Phone Number: _____

School Address: _____

Grade Point Average: _____ weighted _____ unweighted Class Rank: _____

Sex: Male Female
(Please Circle)

Race (optional):
White African American Asian Hispanic
(Please Circle)

Parent Name: _____ Parent's Email Address: _____

Home Phone: _____ Cell Phone: _____

*All Documents are due at the same time to the Admissions Office at Whitney Young High School.
Incomplete Applications will not be processed.*

Applicant's Signature: _____

Parent/ Guardian
Signature: _____

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CONDUCT REPORT

(MUST BE COMPLETED BY A SCHOOL OFFICIAL)

Date: _____

Student Name: _____ Current School: _____

Name of School Official to Complete the Report: _____

Students applying for admission to Whitney M. Young Magnet High School must have this report completed at their current 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 High School. The current school must forward this form to:

Whitney M. Young Magnet High School Admission
ATTN: Augustina Bottari, Admissions Director
211 South Laflin Street
Chicago, Illinois 60607
MAIL RUN: #38
Fax: 773-534-7261

Signature of Parent/ Guardian: _____ Date: _____

Discipline Record Review

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 for additional comments if necessary.

(School Official)

(Position)

(Date)

