



**Application for Transfer  
St. Joseph HS Students**

**Please mail or email this application  
along with copies of your transcript and  
latest report card to:**

Saint Saviour High School  
Attn: Admissions  
588 Sixth Street  
Brooklyn, NY 11215  
Fax: 718-744-9233 or [darcy.e@stsaviour.org](mailto:darcy.e@stsaviour.org)

**Student Information**

First Name: \_\_\_\_\_

Middle Name/Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

**Current School Information**

Current Grade: \_\_\_\_\_

Grade you wish to enter: \_\_\_\_\_

Date you wish to enter: \_\_\_\_\_

**Additional Information**

Middle/Junior High School: \_\_\_\_\_

Parish: \_\_\_\_\_

**Scholarship/Financial Aid Information**

Do you currently receive a scholarship from St. Joseph HS?  Yes  No

If yes, list the scholarship name and amount: \_\_\_\_\_

Do you receive financial aid from St. Joseph HS?  Yes  No

Are you enrolled in the SSP (Student Sponsor Partners) Program?  Yes  No