



Application for Transfer

**Please mail, fax 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: 718-369-2688 or 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

Name: _____

Address: _____

School Contact (Principal, Guidance Counselor or Teacher): _____

Current Grade: _____

Grade you wish to enter: _____

Date you wish to enter: _____

Additional Information

Middle/Junior High School: _____

Parish: _____

Why do you wish to attend Saint Saviour High School?
