



191 Rutherford Place  
North Arlington, NJ 07031  
201-998-8227 x '434  
admissions@qphs.org  
www.qphs.org

## Application For Admission - Transfer Student

Grade level student seeks admission to:   ''''9       10       '11

Reason for Transfer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transfer Applicant Record form should be given to student's current school so student records can be sent directly to QPHS.**

Please neatly print or type all information.

Name of Applicant \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
MM/DD/YYYY

Name of Present School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School Phone \_\_\_\_\_ Parish \_\_\_\_\_

**With whom does the applicant live?**    Both Parents    Mother    Father    Other \_\_\_\_\_

Mother's Name \_\_\_\_\_  
First Middle Initial Last

Mother's Work # \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
First Middle Initial Last

Father's Work # \_\_\_\_\_ Father's Email Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
First Middle Initial Last

Guardian's Work # \_\_\_\_\_ Guardian's Email Address \_\_\_\_\_

Please list any relatives who have attended or are attending Queen of Peace High School. **(Optional)**

**Name**

**Year of Graduation**

**Relationship**

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Do you have an association with a member of the Queen of Peace community? Examples: current teacher, student, parishioner, coach, etc. **(Optional) This information is not necessary for admission.**

Name of Person \_\_\_\_\_

Person's Relationship to QP \_\_\_\_\_

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In the space below, you may take the opportunity to inform us of activities you enjoy, situations in which you have shown leadership, or any other information you would like us to know about you. (Please limit your information to the space provided.)

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I am currently involved in:

Clubs: \_\_\_\_\_

Organizations: \_\_\_\_\_

Sports: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Admissions Director, Queen of Peace High School, 191 Rutherford Place, North Arlington, NJ 07031