



NORTH LAWNSDALE COLLEGE PREP  
CHARTER HIGH SCHOOL  
**COLLINS CAMPUS**  
TRANSFER STUDENT APPLICATION  
2019-2020



Thank You for your interest in North Lawndale College Prep (NLCP).

NLCP is dedicated to making sure our students become transformational leaders by providing the academic skills and personal resilience each student needs to successfully complete college.

STUDENT NAME: \_\_\_\_\_

Name of any Siblings attending NLCP: \_\_\_\_\_

To complete your application, please read the information below and complete all items on the back of this form.

**REQUIRED PAPERWORK**

In addition to the application on the back of this form, in order to be considered for transfer to NLCP, applicants for Grades 10-12 must provide

- Up to Date Discipline log from current school
- Copy of official transcript showing all high school course work

The transcript is needed to determine the best grade level placement. A student whose previous school did not offer a similar sequence of courses or a student who was not successful at his/her previous school may be offered a seat in a lower grade level or may be offered a seat in the desired grade level, but with an understanding the student will need to attend Night School and/or Summer School to catch up.

After receipt of the transcript and application, you will meet with a member of the NLCP enrollment team to discuss the application.



33940



Chicago Public Schools  
Office of Access and Enrollment

Transfer Application - 2018-2019 School Year

Please complete this application if you are interested in enrolling in the school and program identified below. Note that you will be required to meet any minimum eligibility requirements of the program, if applicable, and/or participate in any required admissions screenings, if applicable. Upon receipt of the completed application, and verification that your student has met any eligibility or admissions screenings requirements, the school will issue an acceptance letter and forward a copy of this application and the acceptance letter to the Office of Access and Enrollment, where the documents will be kept on file. The student will submit the acceptance letter to the high school in which he/she is currently enrolled, settle any outstanding debts, and return any school-owned books, equipment or materials. The school where the student is currently enrolled will release the student via the CPS Student Information System and the school identified below will enroll the student, effective on the transfer date identified below.

Student's Last Name	Student's First Name
<input type="text"/>	<input type="text"/>

Grade applying to: <input type="text"/>	CPS Student ID (If non-CPS, LEAVE BLANK) <input type="text"/>	Birth Date (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Has he/she ever been a CPS student? <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female	Current High School (projected HS for new 9th graders) <input type="text"/>
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Parent/Guardian Last Name	Parent/Guardian First Name
<input type="text"/>	<input type="text"/>

Student's Primary Address <input type="text"/>	Direction <input type="text"/>	Street Name (P.O. boxes not accepted) <input type="text"/>	Street Type <input type="text"/>	Apt# <input type="text"/>
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City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
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Parent/Guardian Email Address - CAPITAL letters only. Write number 1, letter I, letter L, letter O and number Ø.

Home Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	Work/Cell Phone <input type="text"/> - <input type="text"/> - <input type="text"/>
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Program Code

N	L	G	E	G	6
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Program Name

N	O	R	T	H		L	A	W	N	D	A	L	E		-		C	O	L	L	I	N	S		H	S			
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I affirm that the information provided on this form is true and correct. I understand that my child may be subject to immediate removal from the school if admission was gained based on a falsified application. I understand that, in order to be offered a seat, my child will have to meet any minimum eligibility requirements, and/or participate in any required admissions screenings that the school/program may have.

**REQUIRED** Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that there is space available in the program identified on this application and that all waitlists for this program have been exhausted. I confirm that the school has received all required documentation to verify that this student meets any minimum eligibility requirements that the program may have. I further confirm that the student has participated in any required admissions screenings that the program may have.

**REQUIRED** Signature of Principal \_\_\_\_\_ Approval Date & Time \_\_\_\_\_