



**Transfer Student Application**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Applying to Grade \_\_\_9<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_11<sup>th</sup>

Current High School: \_\_\_\_\_

Please check all Regents examinations you have taken and passed:

\_\_\_ Math 1 \_\_\_ Math 2 \_\_\_ Math 3 \_\_\_ Earth Science \_\_\_ Biology (Living Environment)  
\_\_\_ Chemistry \_\_\_ Physics \_\_\_ Global 10

Reason for Transfer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required Items to be included with transfer application:

1. Current High School Transcript- which includes all final and Regents grades
2. One letter of recommendation from current teacher or guidance counselor

Please mail this application with the required items to:

Holy Angels Academy  
Admissions Department  
24 Shoshone Drive  
Buffalo, NY 14214

The Admissions Department will contact you once we have received the application.



24 Shoshone Drive  
Buffalo, NY 14214  
Phone: 716 834 7120  
Fax: 716 834 7128  
[holyangelsacademy.org](http://holyangelsacademy.org)