



MARIST HIGH SCHOOL  
4200 W. 115<sup>th</sup> St.  
Chicago, IL 60655  
773-885-5300  
marist.net

## Transfer Student Disclosure Form

Students who transfer to Marist High School must be academically qualified with no disciplinary or behavioral issues at their former school. In addition, all financial obligations must be met.

We, the undersigned student and parent/guardian, do hereby authorize

\_\_\_\_\_ to release to Marist High School information regarding  
*Name of current school*  
the undersigned student, including information related to attendance and behavior.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

After completion of the above, submit this form to a school official (Dean, Assistant Principal, etc.) who will then complete the remainder and forward to Admissions at Marist High School

### Attendance

School Year: \_\_\_\_\_ # of absences: \_\_\_\_\_ # of tardies: \_\_\_\_\_

School Year: \_\_\_\_\_ # of absences: \_\_\_\_\_ # of tardies: \_\_\_\_\_

Were any absences to due cutting classes? Yes or No # of cuts: \_\_\_\_\_

**Discipline**

Did the student receive disciplinary action for any of the following? If yes, please explain below.

Truancy	Yes	No
Smoking paraphernalia, cigarettes,	Yes	No
Alcohol, Drugs, and/or vaping	Yes	No
Disrespectful behavior (verbal and/or nonverbal)	Yes	No
Disregard for school policies, procedures, and/or authority	Yes	No
Vandalism	Yes	No
Dishonesty	Yes	No
Excessive Detention (5 or more)	Yes	No
Is the student leaving your school voluntarily?	Yes	No

Comments:

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**Support Needs**

Does the student currently receive support for any of the following? If yes, please explain below:

Does the student have an IEP, ICEP, or any special learning needs?	Yes	No
Does the student have any social/emotional concerns:	Yes	No
Has this student been hospitalized?	Yes	No

Comments:

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School Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_