



MARIN CATHOLIC

Transfer Student Application for Admission

Please use this checklist in making your application to Marin Catholic:

- Complete application and submit to the Admissions Office. Your application should include:
 - Application for Admission
 - Transcript Release/Financial Assistance Form
 - Applicant's Writing Sample

- \$75.00 Application Fee should be submitted with completed application.

- All applicants should forward recommendation forms to teacher and administrator/counselor. Completed forms must be submitted directly to the Admissions Office by the teacher and administrator/counselor.

CATHOLIC EDUCATION SINCE 1949

675 Sir Francis Drake Blvd.
Kentfield, CA 94904

Telephone: (415) 464-3810 • Fax: (415) 461-6481

www.marincatholic.org

ADMISSIONS CRITERIA

Marin Catholic is a Catholic, co-educational, college preparatory school committed to the development of the whole person. Marin Catholic bases acceptance of transfer students on the following criteria:

- **Completed Application Packet and Fee.** The completed application should be submitted to the Admissions Office. A complete application should include: the application form, the applicant's writing sample, and the transcript release form. The Admissions Office should also receive two completed recommendation forms. The \$75.00 application fee should be submitted with the completed application. Transfer applications submitted by 02/01/2012 are given first priority. Late applications will be considered if space is available.

- **Recommendation Forms,** academic and personal, must be completed. One recommendation must be completed by the administrator responsible for discipline and student behavior. Marin Catholic will accept students who are leaving their present school in good disciplinary standing. The second recommendation should be completed by a classroom teacher who would be helpful in providing insights into the student's learning styles and desire to learn.

- **Satisfactory Transcripts.** Grades and teacher comments showing all work completed at the secondary level will be obtained by the Admissions Office. Students entering the tenth grade must also include a transcript from the seventh and eighth grades. A satisfactory transcript is one that shows a minimum 3.0 (B) average in college preparatory subjects (or "core subjects" if a seventh or eighth grade transcript).

International transfer students and/or exchange students must be able to demonstrate a working knowledge of the English language, both orally and in writing, and must take the TOEFL (Test of English as a Foreign Language).

- **Standardized Tests.** Standardized tests taken at the secondary level (7-12) must demonstrate that the student is able to meet the school's academic expectations.

- **Personal Interview.** The applicant and his or her parents will be interviewed to determine, among other things, their willingness to support Catholic values and their interest in joining the Marin Catholic community. The interview is required of all applicants and will be scheduled only after the school receives all required written documentation.

Transfer Rule (C.I.F. & N.C.S. Bylaw 206-214) regarding Athletics

Since any transfer from one school to another may have an impact on a student's athletic eligibility, all transfer students should contact the Athletic Director as soon as possible after enrolling at Marin Catholic to determine their eligibility status and whether or not forms need to be completed.

In particular, students who transfer without valid change of residence by their parents or guardians may have limited (non-varsity) eligibility. In every case of a transfer without a valid change of residence, CIF forms 207 and 510 must be completed. More specific information regarding eligibility can be found at both the CIF (www.cif.org) and North Coast Section (www.cifncs.org) websites.

Please return all completed information to:

Admissions Office
Marin Catholic
675 Sir Francis Drake Boulevard
Kentfield, CA 94904
(415) 464-3810
www.marincatholic.org



MARIN CATHOLIC

APPLICATION FOR ADMISSION

To be Completed by the Applicant's Parent or Guardian

Please Print or Type

Applicant's Name _____
Last First Middle

Male Female Date of Birth _____ Grade Entering _____ Email _____

Current School of Applicant _____ Phone _____
Name

Address _____

City _____ State _____ Zip _____

Please list the name and address of any other school attended by the applicant during the past three years.

_____ Phone _____

_____ Phone _____

Applicant's Religion _____ Parish/Place of Worship _____

Place of Baptism _____ Date _____

Place of Confirmation _____ Date _____

Father

Mother

Full Name _____

Home Address _____

Home Phone () _____

() _____

Business Employer _____

Occupation _____

Business Phone () _____

() _____

Email address where correspondence from the Admissions Office can be sent: _____

Are you a graduate of Marin Catholic? Yes No Year _____ Yes No Year _____

If you have children currently attending / graduates of MC please indicate:

Name _____ Class of _____

Name _____ Class of _____

Applicant lives with: Mother and Father Mother Father Guardian

Please Check
Appropriate
Boxes

Other (Please indicate with whom) _____

Father Deceased Mother Deceased Parents Divorced

Parents Separated Father Remarried Mother Remarried

Single Parent

Any questions left unanswered may delay the processing of your application.

PARENT'S STATEMENT

Please answer all questions.

Failure to answer all questions may delay the processing of your application.

1. Why have you chosen Marin Catholic? What do you expect Marin Catholic to provide for your child in the areas of academic training and personal development?

2. Please comment on what you perceive to be your child's strengths and weaknesses, both in and outside of school.

3. What may Marin Catholic reasonably expect from you in terms of volunteer support and service?

4. We are a Catholic school that works to help in the spiritual growth of all of our students, Catholic and of other faiths. Describe how this part of our program relates to your family's priorities and expectations.

5. In considering your son's or daughter's application, should we be aware of any special circumstances or considerations, for example, health problems or counseling needs?
If such information is confidential, please contact the Admissions Director at (415) 464-3811.

6. Has your child ever received testing for Learning Differences or special learning needs? Yes No
If yes, please send copies of any previous testing to the Admissions Office.

****WITH THIS APPLICATION, I AM ENCLOSING A \$75 NON-REFUNDABLE FEE.**

Signature of person completing application _____

Relationship to applicant _____ Date _____

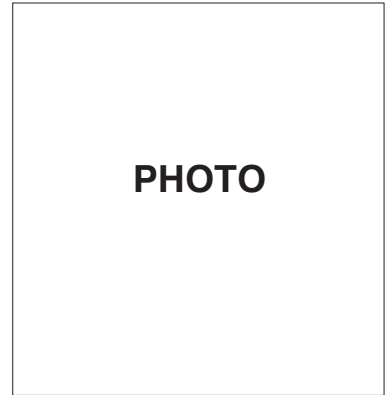
Address _____

City _____ State _____ Zip _____

Phone number (_____) _____

APPLICANT'S STATEMENT

To be completed by the Applicant



Applicant's Name _____

Please respond to the following questions in ink and in your own handwriting.

1. Write three words which describe you. Of these three, which are you most proud of? Why?

2. Students have many options for high school. Please explain why you would like to be considered for admission at Marin Catholic?

3. How would your favorite teacher describe you as a student and contributor to your school community?



MARIN CATHOLIC

College Preparatory
675 Sir Francis Drake Boulevard
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(415) 464-3810

TRANSCRIPT RELEASE FORM

Sign and return directly to Marin Catholic

I hereby consent to the release of my child's academic records and test scores to Marin Catholic for the purpose of evaluating his or her application for admission. I further consent to Marin Catholic issuing academic progress reports to the school listed below during my child's four years at Marin Catholic. I understand that Marin Catholic will be obtaining confidential recommendation forms and I hereby waive my right to them.

Parent's Signature _____ Date _____

Applicant's Name _____
Last First Middle

Current School _____

School Address _____

City _____ State _____ Zip _____

Last grade attended in above school _____

TUITION ASSISTANCE APPLICATION REQUEST FORM

Please send Tuition Assistance Application to:

Name _____

Address _____

City _____ State _____ Zip _____

Tuition Assistance Application will be sent automatically to you once the forms are available.

***Note: The Tuition Assistance Application deadline is 2/1/2012. Tuition Assistance Applications submitted after that date will be considered **only** if funds become available.**



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675 Sir Francis Drake Boulevard
Kentfield, CA 94904
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CONFIDENTIAL RECOMMENDATION FORM ADMINISTRATOR/COUNSELOR

_____ has applied to Marin Catholic College Prep.
Applicant's Name (to be filled in by the applicant)

*Directions: To be completed for public and private school applicants only,
by an administrator/counselor who knows the student well.*

PLEASE SEND COMPLETED FORM TO:
Director of Admissions
Marin Catholic, 675 Sir Francis Drake Blvd., Kentfield, CA 94904
Phone: (415) 464-3810 • Fax: (415) 461-6481

Academic and Personal Qualities

	Below Average	Fair	Good	Excellent	Outstanding
Study Habits	1	2	3	4	5
Motivation	1	2	3	4	5
Ability to Work Cooperatively	1	2	3	4	5
Intellectual Curiosity	1	2	3	4	5
Attention Span	1	2	3	4	5
Personal Conduct	1	2	3	4	5
Self-Confidence	1	2	3	4	5
Leadership Potential	1	2	3	4	5
Concern for Others	1	2	3	4	5
Participation in the School Community	1	2	3	4	5
Respect for Authority	1	2	3	4	5
Creativity	1	2	3	4	5
Respect Accorded by His/Her Peers	1	2	3	4	5

The student is capable of succeeding in a college preparatory curriculum: Yes No

- How long and to what extent have you known this student?
- Please comment on this student's special talents, interests, and abilities.

3. Please comment on the student's disciplinary and attendance record at your school.
4. Should the Admissions Committee be aware of any factors that have had an impact on this student's academic or social progress to date?
5. Has the student been placed in any special school programs? (i.e. Gifted Student; Accelerated Classes; ESL; Learning Resource Centers)
6. Please comment on the personal qualities of this student. (Consider maturity, behavior, integrity, relationships with peers.)
7. Is there additional information that can be better conveyed in a phone conversation? Yes No

please print

Name _____ Position _____

School _____ Phone _____ Date _____

Email Address _____

This report will not be disclosed to the applicant; it will be available only to those involved in our admissions decision process. It will be destroyed when no longer needed for the admissions process.



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CONFIDENTIAL RECOMMENDATION FORM TEACHER

_____ has applied to Marin Catholic College Prep.
Applicant's Name (to be filled in by the applicant)

*Directions: To be completed for public and private school applicants only,
by a current teacher who knows the student well.*

PLEASE SEND COMPLETED FORM TO:

Director of Admissions
Marin Catholic, 675 Sir Francis Drake Blvd., Kentfield, CA 94904
Phone: (415) 464-3810 • Fax: (415) 461-6481

Academic Qualities

	Below Average	Fair	Good	Excellent	Outstanding
Study Habits	1	2	3	4	5
Motivation	1	2	3	4	5
Ability to Learn	1	2	3	4	5
Oral Communication Skills	1	2	3	4	5
Ability to Work Independently	1	2	3	4	5
Ability to Work Cooperatively	1	2	3	4	5
Intellectual Curiosity	1	2	3	4	5
Attention Span	1	2	3	4	5
Academic Integrity	1	2	3	4	5

The student is capable of succeeding in a college preparatory curriculum: Yes No

Personal Qualities

Personal Conduct	1	2	3	4	5
Self-Confidence	1	2	3	4	5
Leadership Potential	1	2	3	4	5
Concern for Others	1	2	3	4	5
Participation in the School Community	1	2	3	4	5
Respect for Authority	1	2	3	4	5
Creativity	1	2	3	4	5
Respect Accorded by His/Her Peers	1	2	3	4	5
Reaction to Setbacks	1	2	3	4	5

1. How long and in what context have you known this student?

2. Please comment on this student's special interests, talents and abilities.

3. Should the Admissions Committee be aware of any factors that have had an impact on this student's academic or social progress to date?

4. Comment on the student as a person. (Consider maturity, integrity, relationships with peers, self-confidence.)

5. Please comment on the student's behavior and attitude in class.

6. Is there additional information that can be better conveyed in a phone conversation? Yes No

please print

Name _____ Position _____

School _____ Phone _____ Date _____

Email Address _____

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CLERGY RECOMMENDATION FORM

SECONDARY SCHOOLS OF THE SAN FRANCISCO ARCHDIOCESE

Please check the for each of the schools to which you are applying:

San Francisco County

- Archbishop Riordan High School
- Convent of the Sacred Heart
- Immaculate Conception Academy
- Mercy High School
- Sacred Heart Cathedral Preparatory
- Saint Ignatius College Preparatory

Marin County

- Marin Catholic High School
- San Domenico High School



San Mateo County

- Junipero Serra High School, San Mateo
- Mercy High School, Burlingame
- Notre Dame High School, Belmont
- Sacred Heart Preparatory, Atherton
- Woodside Priory, Portola Valley

To the Applicant: Please type or print your name and give this form to your clergy member, along with a stamped envelope addressed to the Admissions Office of the school(s) to which you are applying.

Applicant Name: _____ Applying to Grade (circle one): 9 10 11 12

To the Clergy: Please complete the form below and mail it in the stamped envelope provided by the applicant. If the applicant is applying to multiple Catholic schools, you may send a copy of the completed form. Please use the back of this form to make any additional comments.

1) Are the family and the applicant involved in the worship life of the Church? Please rate their worship commitment on a scale of 1 to 10 (with 10 being the highest)

10 9 8 7 6 5 4 3 2 1
(Please circle one)

2) Please check those organizations in your church in which the applicant is involved. Feel free to add any activities you think would be of interest to the Admissions Committee.

- | | | |
|--|--|---|
| <input type="checkbox"/> Church Youth Organization | <input type="checkbox"/> Assists with Sunday School/religion classes | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Service helper/altar server | <input type="checkbox"/> Lector | _____ |
| <input type="checkbox"/> Takes religious education classes | <input type="checkbox"/> Attends retreats | _____ |

3) Please check those organizations in your church in which the parent(s) are involved.

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth advisor/parent board | <input type="checkbox"/> Church Council | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Lector/commentator | <input type="checkbox"/> Choir member | _____ |
| <input type="checkbox"/> Sunday School religion teacher | <input type="checkbox"/> Mens Club | _____ |
| <input type="checkbox"/> Minister of Communion | <input type="checkbox"/> Womens Club | _____ |
| <input type="checkbox"/> Adult religious education | <input type="checkbox"/> Gives financial support | _____ |

4) Overall Recommendation

- I recommend this applicant
- I recommend this applicant with reservations
- I do not know the applicant well enough to make a recommendation
- Please call me regarding this applicant at _____

This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor. This recommendation is one component of a comprehensive admission evaluation.

Evaluator	Church	Position	Date
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