

Date Received:



NORTH LAWNDALE  
COLLEGE PREP

## Student Transfer Admissions Application — Fall 2017

**Transfer Admissions Process:** Please submit your application with the following documents for full consideration to begin the admissions process:

- An official transcript showing all previous course work and most recent semester grades, GPA and class rank (including semester 1 of current year)
- A copy of the most recent standardized test score
- A copy of medical/immunization records
- A copy of the most recent discipline record

Transfer candidates must be on credit for the grade they are seeking admissions.

### **Student Applicant Information:**

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Birth Date \_\_\_\_\_

\_\_\_\_\_  
Grade Level Applying for Fall 2015

CPS ID#: \_\_\_\_\_

Elementary School: \_\_\_\_\_

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

Gender: \_\_\_\_\_

### **Sibling Preference:**

If the applicant has a sibling currently attending North Lawndale College Prep, the applicant should be placed in the sibling preference pool. This section should detail the applicant's sibling information including the current campus the sibling is attending.

\_\_\_\_\_  
Sibling's Last Name

\_\_\_\_\_  
Sibling's First Name

\_\_\_\_\_  
Current Campus Attending

\_\_\_\_\_  
Sibling's Current Grade Level

(773) 542-1490 voice / (773) 542-1492 fax

[www.nlcphs.org](http://www.nlcphs.org)

(773) 542-6766 voice / (773) 542-6955 fax

**Campus Preference:**

Once an applicant has been selected to attend North Lawndale College Prep, s/he can be placed at either of NLCP's campuses. Please rank, in order of preference, the campus you would like the applicant to attend. If their first ranking is not available, the applicant will be offered the 1<sup>st</sup> available slot at the next campus.

\_\_\_\_\_ **Christiana Campus**

\_\_\_\_\_ **Collins Campus**

**Student Contact Information:**

\_\_\_\_\_  
Email

\_\_\_\_\_  
Facebook

\_\_\_\_\_  
Instagram

**Parent/Guardian Information:**

\_\_\_\_\_  
Parent's Last Name

\_\_\_\_\_  
Parent's First Name

\_\_\_\_\_  
Work/Cell Phone

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Facebook

\_\_\_\_\_  
Address

\_\_\_\_\_  
Direction

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I affirm that all information provided on this form is true and accurate.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

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

NLCP Admissions Contact:

LaShanna Clark  
Admissions Director  
1615 S. Christiana Avenue, Chicago, IL 60623  
[admissions@nlcphs.org](mailto:admissions@nlcphs.org)

