



*Educational Excellence in the LaSallian Tradition*

# La Salle Academy

Conducted by the Brothers of the Christian Schools

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Dear Transfer Applicant:

Thank you for your interest in La Salle Academy!

This application is not a commitment or contract on your part or La Salle Academy. It is meant simply to give you an opportunity to file your name for consideration and to help express your desire to attend the Academy. Admission into La Salle Academy is not guaranteed.

1. Please type an essay (200 words minimum) on a topic of your choice. This essay will help us to become better acquainted with you other than your transcripts and test scores.
2. Please type a brief composition (100 words minimum) expressing why would you like to apply to La Salle Academy?
3. 3 letters of recommendation from your current Teacher, Guidance Counselor, and/or Principal.
4. Please include a copy of your most recent Official Transcripts.
5. Please return this application form along with all requested information to La Salle Academy. This may be done by mail or in person.

The Admissions Director may request that you and your Parent(s)/Guardian(s) come in for an interview. If this is necessary, you will be contacted by phone. Once the Academy receives your completed application, it will be reviewed and filed, you will be notified by mail of your status.

Warmest Regards,

Anthony J. Chin  
Director of High School Admissions  
[achin@lasalleacademy.org](mailto:achin@lasalleacademy.org)  
[www.lasalleacademy.org](http://www.lasalleacademy.org)



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## Transfer Student Application (Please Print Clearly)

Check the grade you wish to apply: 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

Student Applicant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Previous High School: \_\_\_\_\_

Previous High School Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_