

TRANSFER STUDENT FORM

Cathedral Catholic High School - 5555 Del Mar Heights Road - San Diego, CA 92130

Telephone 858-523-4000, Ext. 1174 FAX 858-523-4087



*This form is to be completed by the **TRANSFER STUDENT** and returned to Campus Ministry Center, de Sales Hall 103 no later than the end of the first quarter after transfer. It should be given directly to the Director of Campus Ministry.*

STUDENT NAME LAST _____ FIRST _____
 (Please PRINT, using full names, no nicknames.)

YEAR OF GRADUATION **20** _____ email _____

Transfer students need 10 hours of CHRISTIAN SERVICE for each semester at CCHS to fulfill the Christian Service Program requirements for graduation. 2nd Semester Freshmen can earn 10 of these hours as indirect hours of service, all other students must completed direct hours of service. Hours must be completed and documented by the last Friday of May of the Junior Year (new seniors have until the end of the first semester.)

YEAR AND SEMESTER ENTERING CCHS and REQUIRED HOURS:

Check Appropriate Box	Year Entering	Indirect hours that may be earned towards graduation requirement.	Direct hours needed to fulfill service requirement.	Total number of hours needed to fulfill graduation requirement.
<input type="checkbox"/>	2 nd Semester Freshman	10	40	50
<input type="checkbox"/>	1 st Semester Sophomore	0	40	40
<input type="checkbox"/>	2 nd Semester Sophomore	0	30	30
<input type="checkbox"/>	1 st Semester Junior	0	20	20
<input type="checkbox"/>	2 nd Semester Junior	0	10	10
<input type="checkbox"/>	1 st Semester Senior	0	10	10

On Christian Service Program progress reports sent home with quarter and semester grades, those hours you are not required to complete will appear as "Transfer Student Credit."

If you will be submitting Christian Service hours for evaluation from a previous school, it is the transfer student's responsibility for requesting that their previous school send documentation of hours to CCHS Office of Campus Ministry. When these records arrive, the Director of Campus Ministry will call in the transfer student, review the records, and give credit for those hours which fulfill CCHS criteria.

REQUIRED SIGNATURES

We have read the materials, *either in packet form or from the internet website*, concerning the CCHS Christian Service Program and understand it's implementation and the procedures needed for documenting hours. We also understand that this program is a graduation requirement, and that only students who complete this program are eligible for graduation from CCHS.

Transfer Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Director of Campus Ministry: _____ Date: _____