



# Cleveland Central Catholic High School

6550 Baxter Avenue Cleveland Ohio 44105

Voice/Text: 440-409-7474 ~ Email: [admissions@ccc-hs.org](mailto:admissions@ccc-hs.org) ~ Fax: 855-692-2247

## Application Information Sheet

Dear Parent(s)/Guardian(s) and Applying Students:

Thank you for considering Cleveland Central Catholic High School for your child's educational future. Enclosed you will find all the materials you need to complete the application process. It is important to complete the application in a timely manner, as space can be limited for particular classes and programs. In order to make an informed decision, all previous school records and evaluations must be submitted.

**Students wishing to enroll in our Special Education Program must submit all application materials by January 31, 2019.** Special Education applications submitted after this date will be placed on a waiting list if all spaces are filled.

1. **CCCHS Application**. Please submit this form and return it to the admission office so we can begin a file. The sooner you return this form; the sooner we can assist you in completing the rest of the application process.

2. **CCCHS School Evaluation**. Please request one of your core subject (Math, English, Science and Social Studies) teachers to complete the evaluation form. If you so desire, you may submit a second evaluation from other educational professionals; simply make a copy of the attached form. **Parents, please do not complete this form on behalf of your child.**

3. **CCCHS Records Request Form**. Please submit this form to the records office of your child's current school. Accordingly, the records office will send us:

- a) 7<sup>th</sup> and 8<sup>th</sup> grade grades
- b) Transcripts for current 9<sup>th</sup> and 10<sup>th</sup> graders looking to transfer
- c) Standardized test scores
- d) Immunization records
- e) Birth Certificate
- f) If applicable, any specialized academic plans, e.g., **IEP, 504, Services Plan/Accommodation Plan and ETR**

4. **CCCHS Placement Testing**. Each student submitting an application to Cleveland Central Catholic High School must take the Placement Test. Please visit the website ([www.centralcatholichs.org](http://www.centralcatholichs.org)) for testing dates and times.

**Financial Assistance Opportunities:** Financial assistance can be discussed once acceptance has been granted.

- a) Tuition for the 2018-2019 school year is \$8,700. The estimated tuition for the 2019-2020 school year is \$8,900. In addition, there is **\$150 registration fee** upon being accepted.
- b) To be considered for financial aid, each family must complete the Diocesan Tuition Assistance Form (available each January) from the school.
- c) Families seeking the EdChoice, Cleveland Scholarship and Tutoring Voucher or other government programs should be mindful of deadlines and should apply as soon as possible.
- d) There is also a multiple child discount of \$1,500 for siblings in the same residential family.
- e) Additional tuition assistance can be earned throughout the school year in the form of work study.





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## Current School Evaluation

Please Return to: Carmella Davies, Director of Admissions

The student below is applying for admissions to Cleveland Central Catholic High School. They have selected you to complete this evaluation on their behalf and we welcome your open responses. Please note that this evaluation will remain private and not be shared with the student or their parents/guardians. Thank you for your time and knowledge in completing this form.

Applicant's Name: _____	Applicant's Telephone # (____) _____
Name of the Current School _____	City _____
Evaluator's Name _____	School Position _____
How long have you known the applicant? _____	Course Taught _____

In relation to other students, how would you rate this applicant in the following areas? Please circle one response for each category.

	Excellent	Good	Fair	Poor	No Knowledge
Willingness to Serve Others					
Academic Achievement					
Academic Potential					
Consistency of Performance					
Quality of Daily Preparation					
Work Ethic					
Class Participation/Attentiveness					
Self-Direction					
Respect for others					
Relationship with Peers					
Relationship with Adults					
Leadership Ability					
Family support of Education					
Exercise of Self Control					
Integrity and Honesty					
Social and Emotional Maturity					

**Math:** Please identify the mathematics course this student will have completed by the end of this year

- Eighth Grade Math    Pre-Algebra    Algebra I    Other: \_\_\_\_\_

**Secondary Language:** Please describe the student's secondary language exposure

Language:  None    French    German    Latin    Mandarin Chinese    Spanish    Other: \_\_\_\_\_

Structure:  Daily    2-3 times a week    Once weekly    Other: \_\_\_\_\_

Which academic accommodations, if any, has your school made that should continue in high school to assist in the student's success?

- Extended Time    Preferential Seating    Small Group Testing    Frequent Breaks    Spell-Check/Dictionary    Calculator
- Break Complex Tasks Into Parts    Oral Responses ( vs written)    Audio Reading Assistance    Other (please list below)





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## Current School Evaluation Continued

What makes the student unique or what unique contributions does this student make in your school?

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Are you aware of any factors that have interfered with this student's past academic performance or any factors that could interfere with this student's academic performance in high school?  NO  YES If yes, please explain.

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Recommendation for Admission to Cleveland Central Catholic High School (please select one recommendation for each of the following areas):

	Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
Academic Promise				
Character/Personal Promise				
Overall				

Additional Comments (optional):

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\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Contact Number



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## Records Request Form

Parent/Guardian: **Please submit this form to the principal, registrar, or counselor at your child's current school for processing.**

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Last Name	First Name	MI	Date of Birth
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Current School	Current School Phone	Current School Fax
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I give permission for copies of all records listed below to be sent to Cleveland Central Catholic High School's Admissions Office.

- Grades from 7<sup>th</sup> and 8<sup>th</sup> grade
- Transcripts if student is currently a 9<sup>th</sup>, 10<sup>th</sup> or 11<sup>th</sup> grader looking to transfer
- ALL Immunization Records
- Birth Certificate
- ALL Standardized Test Scores (including end of course exams for transfer students)
- IEP/SEGO/Services Plan/504/Other Accommodation Plan (*if applicable*)
- ETR (*if applicable*)

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Parent /Guardian's Name (Printed)

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Contact Number

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Parent/Guardian's Signature

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Date

Dear School Representative:

Please mail the above named student's requested items listed above to the contact listed below. Please note that students with Specialized Academic Plan and ETR's need everything in by **January 31, 2019.**

Mrs. Carmella Davies  
Director of Admissions  
Cleveland Central Catholic High School  
6550 Baxter Avenue  
Cleveland, Ohio 44105

Email: [Admissions@ccc-hs.org](mailto:Admissions@ccc-hs.org) or Fax: 855-692-2247