



# Cleveland Central Catholic High School

6550 Baxter Avenue Cleveland Ohio 44105

Voice/Text: 440-409-7474/440-369-7531 or Email: [admissions@centralcatholichs.org](mailto:admissions@centralcatholichs.org)

## Application Cover Page

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

Thank you for considering Cleveland Central Catholic High School for your child's educational future. Attached to this sheet are three important documents that make up a complete application. It is important to complete these steps in a timely manner as the space can be limited for various classes and programs. Previous school records and evaluations can take time. A decision will not be made unless the application process is completed. Students wishing to enroll in our Special Education Program have a **January 31, 2017** deadline to complete their application. After that date students will be placed on a waitlist if all spaces are filled.

1. **CCCHS Application Information Sheet**. First, please submit this form and return it to the admission office so we can begin a file. It is important that this brief information sheet is done accurately with contact and educational information.

2. **CCCHS School Evaluation**. Please submit this evaluation to the ADMINISTRATION at your child's current school. If you so desire, you may submit multiple evaluations from other educational professionals; simply make a copy of the attached form. Only one evaluation from the current school, however, is required. Parents **do not** fill this out for 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 if student is currently a 9<sup>th</sup> or 10<sup>th</sup> grader looking to transfer
- c) Previous standardized test scores,
- d) All immunization records,
- e) If applicable, any specialized academic plans, e.g., **IEP, Segoe, 504, ETR** even if no longer current.

4. **CCCHS Placement Testing**. Formal group testing is held in the Fall and Spring. Informal testing may be conducted after these dates. Please visit the Admissions Event section of the Admissions tab on our website ([www.centralcatholichs.org](http://www.centralcatholichs.org)) for testing dates and times.

**Financial Assistance**: Specific financial information will be discussed once acceptance has been granted. However, the following information may be useful:

- a) Tuition for the 2016-2017 school is \$8300. The estimated tuition for the school year 2017-2018 has yet to be determined. There is also a **\$150 registration fee** once a child is accepted.
- b) To be considered for financial aid, each family must complete the SMART Aid form that we will provide to you.
- 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 a Four-Saints Legacy Scholarship of \$250 for any family who attends (with pastor approval) one of our four founding parishes: Saint Michael, Saint John Cantius, Our Lady of Lourdes, and Saint Stanislaus.
- e) There is also a multiple child discount of \$1500 for siblings in the same residential family.
- f) Additional tuition assistance can be earned throughout the school year in the form of work-study.

# Cleveland Central Catholic High School

## Application Information Page 1 of 3

6550 Baxter Avenue Cleveland Ohio 44105

Voice/Text: 440-409-7474/440-369-7531 or Email: admissions@centralcatholic.org

Name of Student: \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Last First Middle Initial M or F Date of Birth  
Application for grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup> Beginning:  August  January  Immediately 20\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Number Street City Zip Code  
Telephone Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Email Address: \_\_\_\_\_

List any relatives who attended Cleveland Central Catholic; their relation to you; and their graduation year:  
\_\_\_\_\_

Does your family attend any of our founding parish churches? If so, which one (please circle)  
Saint Stanislaus Saint Michael Saint John Cantius Our Lady of Lourdes

US Citizen:  yes  no Catholic:  yes  no Hispanic:  yes  no Language spoken in the home:  English  Other

Race:  Asian  Black/African Am.  Native Am. /Alaskan  Hawaiian/Pacific Islander  White  Multi-racial

Name of School	City	Dates attended
Current:		
Previous:		

Do you participate in any of the following government programs/scholarships?

- Cleveland Scholarship & Tutoring Program (Cleveland Voucher)?  yes  no
- EdChoice Scholarship?  yes  no
- Jon Peterson Scholarship?  yes  no
- Autism Scholarship?  yes  no

Do you or have you ever had an IEP/Service Plan/504 /Sego or other adaptive educational plan?  yes  no  
Is that plan current?  yes  no Which plan does/did your student have? IEP Service Plan 504 Sego  
*Space is limited in the Special Education Program. No consideration for Cleveland Central Catholic High School's special education program will be given without completing the section above and forwarding an IEP/Service Plan, psychological report, Segoe or 504 in addition to the MFE/ETR, or additional materials to the Admissions Office by **January 31<sup>st</sup>, 2017**. Failure to notify Cleveland Central Catholic of accommodations may result in your student not being placed in the best learning environment now or in the future for his/her educational needs.*

I certify that I am the applicant's legal parent/guardian and the information contained on this form is complete, accurate, and true. The applicant has not attended schools other than those listed. I understand that I am responsible for assuring that grade reports, evaluation(s), testing results, educational plans, etc., are forwarded to Cleveland Central Catholic and that these materials become the property of the school and will not be returned. I understand that any misrepresentations of facts on this form could be cause for refusal or revocation of admission.

\_\_\_\_\_  
Parent/Guardian's Signature(s)

\_\_\_\_\_  
Student's Signature



# Cleveland Central Catholic

## Previous School Evaluation Form for Application

### Page 2 of 3

Please return this evaluation directly to:  
 Cleveland Central Catholic High School Admissions Office  
 6550 Baxter Avenue  
 Cleveland, Ohio 44105  
 Emailing: [admissions@centralcatholicchs.org](mailto:admissions@centralcatholicchs.org) or Faxing: 216-641-2045

Applicant's Name: _____	Applicant's Telephone # _____
Name of the Current School _____	City _____
Evaluator's Name _____	School Position _____
How long have you known the applicant? _____ In what capacity? _____	

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
Social and emotional maturity	5	4	2	1	n/k
Eagerness to assume responsibility	5	4	2	1	n/k
Interactions with authority figures	5	4	2	1	n/k
Communication with adults	5	4	2	1	n/k
Getting along with peers	5	4	2	1	n/k
Self-control	5	4	2	1	n/k
Maturity	5	4	2	1	n/k
Integrity and honesty	5	4	2	1	n/k
Good conduct	5	4	2	1	n/k
Respect for others	5	4	2	1	n/k
Intellectual promise	5	4	2	1	n/k
Study habits	5	4	2	1	n/k
Leadership	5	4	2	1	n/k
Family support	5	4	2	1	n/k
Overall	5	4	2	1	n/k
High School Academic Potential	A	B	C	D	n/k

To your knowledge . . .

- |  |                |
|--|----------------|
| 1. Has the applicant ever been dismissed from any previous school?                 | Yes ___ No ___ |
| 2. Has the applicant ever had an IEP, ISP, 504 Plan, Segoe or other adaptive plan? | Yes ___ No ___ |
| 3. Has the applicant ever been suspended (in-school or out-of-school)?             | Yes ___ No ___ |

Evaluator's Signature: \_\_\_\_\_ Evaluator's Telephone Number: \_\_\_\_\_



# Cleveland Central Catholic High School

## Records Request Form Page 3 of 3

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

First Name	Middle Name	Last Name	Date of Birth
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Current School	School Phone	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: 7<sup>th</sup> and 8<sup>th</sup> Grades
- Transcripts if student is currently a 9<sup>th</sup> or 10<sup>th</sup> grader looking to transfer
- ALL Immunization records
- ALL Standardized Test Scores
- IEP/Sego/SP/504/Other Accommodation Plan (*if applicable*)
- ETR (*if applicable*)

Parent /Guardian's Name (Printed)	Contact Number
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Parent/Guardian's Signature	Date
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Dear School Representative:

Please mail the above named student's requested items listed above to. Please note that students with Accommodation Plans and ETR's need everything in by **January 31, 2017**.

Cleveland Central Catholic High School Admissions Office  
6550 Baxter Avenue  
Cleveland, Ohio 44105  
Email: [Admissions@centralcatholicchs.org](mailto:Admissions@centralcatholicchs.org) or Fax: 216.641.2045