



Cleveland Central Catholic High School

6550 Baxter Avenue Cleveland Ohio 44105

Voice/Text: 440-409-7474 ~ Email: 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. 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 space can be limited for various classes and programs. Previous school records and evaluations can take time and a decision will not be made until the entire application process is completed. Students wishing to enroll in our Special Education Program have a **January 31, 2018** deadline to complete their application. Any Special Education application submitted after this date will be placed on a waitlist if spaces are filled.

1. **CCCHS Application**. First, please submit this form and return it to the admission office so we can begin a file. It is important that this brief application is done accurately with all contact and educational information. Everything needs to be filled out, including boxes.

2. **CCCHS School Evaluation**. Please submit this evaluation to one of your core subject (Math, English, Science and Social Studies) teachers at your child's current school. These forms offer the Cleveland Central Catholic's admissions committee a fuller picture of your student. If you so desire, you may submit a third evaluation from other educational professionals; simply make a copy of the attached form. **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) 7th and 8th grade grades
- b) Transcripts for current 9th and 10th graders looking to transfer
- c) Previous standardized test scores including all End of Course Test for transfers
- d) All immunization records,
- e) Birth Certificate
- f) If applicable, any specialized academic plans, e.g., **IEP, 504, SP and ETR** even if not 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 website (www.centralcatholichs.org) for potential testing dates and times.

~Financial Assistance Opportunities: Specific financial information will be discussed once acceptance has been granted. Generally, however, the following information may be useful:

- a) Tuition for the 2017-2018 school is \$8500. The estimated tuition for the 2018-2019 school year 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 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 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.

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Application

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Name of Student: _____ M or F _____
 Last First Middle Initial M or F Date of Birth

Application for grade: 9th 10th 11th Beginning: August January Immediately 20____

Parent/Guardian Name(s): _____

Home Address: _____
 Number Street City Zip Code

Telephone Numbers: Home: _____ Cell: _____

Email Address: _____

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

What is your current parish or place of worship? _____

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

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

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

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 you 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, 2018**. Failure to notify Cleveland Central Catholic of accommodations may result in your student not being placed in the best learning environment no or for future 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) _____ Date _____

Student's Signature _____ Date _____



Cleveland Central Catholic Previous School Evaluation

Please return this evaluation directly to:
 Mrs. Carmella Davies
 Director of Admissions
 Cleveland Central Catholic High School
 6550 Baxter Avenue
 Cleveland, Ohio 44105

Email: admissions@ccc-hs.org or Faxing: 855-692-2247

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
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
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
Conduct	5	4	2	1	n/k
Effort In Classes	5	4	2	1	n/a
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, Sego 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

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

First Name	Middle Name	Last Name	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 7th and 8th grade
- Transcripts if student is currently a 9th or 10th grader looking to transfer
- ALL Immunization Records
- Birth Certificate
- ALL Standardized Test Scores (including end of course exams for transfer students)
- IEP/Sego/SP/504/Other Accommodation Plan (*if applicable*)
- ETR (*if applicable*)

Parent /Guardian's Name (Printed)

Contact Number

Parent/Guardian's Signature

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 Accommodation Plans and ETR's need everything in by **January 31, 2018.**

Mrs. Carmella Davies
Director of Admissions
Cleveland Central Catholic High School
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