



# Cleveland Central Catholic High School

6550 Baxter Avenue Cleveland Ohio 44105

Voice/: 216-641-2056 ~ 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 needed 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 March 4, 2024.** 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 two of your core subject (Math, English, Science and Social Studies) teachers to complete the evaluation 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, Service 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.

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

- a) Tuition for the 2024-2025 school year is **\$10,900**. 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 Ed-Choice, Cleveland Scholarship and Tutoring Voucher or other government programs should be mindful of deadlines and should apply as soon as possible. Application period opens **February 1, 2024**.
- 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 through work study.



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## Application 2024-2025

**Name of Student:** \_\_\_\_\_ **Circle Gender:** M/ F  /  / \_\_\_\_\_

**Application for Grade:**  9  10  11  12 **Beginning**  August 2024  January 2025  Immediately

**Parent/Guardian Name:** \_\_\_\_\_ **Do you have legal custody?**  YES  NO

**Address:** \_\_\_\_\_

Number Street City State Zip Code

**Telephone Number:** Home (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Parish Name or Place of Worship:** \_\_\_\_\_

**Family Graduates of Cleveland Central Catholic:** \_\_\_\_\_

**Race:**  Black/African American  White  Asian  Multi-Racial  Native American/ Alaskan  Hawaiian/ Pacific Islander  
 Black/Hispanic  White/ Hispanic

**US Citizen:**  YES  NO **Catholic:**  YES  NO **Language:**  English  Spanish  other \_\_\_\_\_

|                         | Name of School       | City | Grades Attended |
|-------------------------|----------------------|------|-----------------|
| <b>Current School:</b>  | <input type="text"/> |      |                 |
| <b>Previous School:</b> | <input type="text"/> |      |                 |

Has the student ever been suspended?  YES  NO If yes, Why? \_\_\_\_\_

Do you participate in one of the following Scholarship programs?  YES  NO

If so, which one?  Cleveland Scholarship and Tutoring Program  Ed-Choice Scholarship  Jon Peterson Scholarship  
 Autism Scholarship

How did you hear about Cleveland Central Catholic?  School Event  Family Member  other \_\_\_\_\_

Has your student ever received special education services?  YES  NO If yes, is the plan current?  YES  NO

Which plan does the student currently have?  IEP  504  Accommodation Plan  SEGO  Service Plan

*Space is limited in the Special Education Program. No consideration for Cleveland Central Catholic High School's (CCCHS) program will be given without completing the section above and sending your student's plan along with and ETR, or additional materials by **March 4, 2024** Failure to notify CCCHS may result in your student not being placed in the Special Education program.*

**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 Signature

Date

Student Signature

Date



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## Current School Evaluation

Please Return to: Ms. Yesenia Gil, Admissions Coordinator

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

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

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.

**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

Rate the student's level of engagement, participation and attendance.

|   | <b>Excellent</b><br>(5 days weekly) | <b>Good</b><br>(4 days weekly) | <b>Fair</b><br>(2-3 days weekly) | <b>Poor</b><br>(1 day a week/ not at all) |
|---|-------------------------------------|--------------------------------|----------------------------------|---|
| <b>Consistency of Class Participation &amp; Active Engagement</b> |                                     |                                |                                  |   |
| <b>Overall Attendance</b>   |                                     |                                |                                  |   |

Additional Comments:

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

|                                   | <b>Strongly Recommend</b> | <b>Recommend</b> | <b>Recommend with Reservations</b> | <b>Do Not Recommend</b> |
|-----------------------------------|---------------------------|------------------|------------------------------------|-------------------------|
| <b>Academic Promise</b>           |                           |                  |                                    |                         |
| <b>Character/Personal Promise</b> |                           |                  |                                    |                         |
| <b>Overall</b>                    |                           |                  |                                    |                         |

Additional Comments (optional):

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Teacher/ Staff member school email



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

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

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.

**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: \_\_\_\_\_

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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

Rate the student's level of engagement, participation and attendance.

|   | <b>Excellent</b><br>(5 days weekly) | <b>Good</b><br>(4 days weekly) | <b>Fair</b><br>(2-3 days weekly) | <b>Poor</b><br>(1 day a week/ not at all) |
|---|-------------------------------------|--------------------------------|----------------------------------|---|
| <b>Consistency of Class Participation &amp; Active Engagement</b> |                                     |                                |                                  |   |
| <b>Overall Attendance</b>   |                                     |                                |                                  |   |

Additional Comments:

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

|                                   | <b>Strongly Recommend</b> | <b>Recommend</b> | <b>Recommend with Reservations</b> | <b>Do Not Recommend</b> |
|-----------------------------------|---------------------------|------------------|------------------------------------|-------------------------|
| <b>Academic Promise</b>           |                           |                  |                                    |                         |
| <b>Character/Personal Promise</b> |                           |                  |                                    |                         |
| <b>Overall</b>                    |                           |                  |                                    |                         |

Additional Comments (optional):

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Teacher/ Staff member school email



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## Student Essay

Directions: Complete the following prompts in 4-6 sentences. Please print, or type your response and attach to the application.

**1. Why do you think Cleveland Central Catholic is a good fit for you?**

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**2. How do you want to be remembered for the difference you will make during your teen years?**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date





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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.**

|           |            |       |               |
|-----------|------------|-------|---------------|
| _____     | _____      | _____ | _____         |
| Last Name | First Name | MI    | Date of Birth |

|                |                      |                    |
|----------------|----------------------|--------------------|
| _____          | _____                | _____              |
| Current School | Current School Phone | Current School Fax |

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 (MAP, IOWA, etc.)
- § IEP/SEGO/Service Plan/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 **Specialized Academic Plan and ETR's** need everything in by **March 4, 2024.**

Ms. Yesenia Gil  
 Admissions Coordinator  
 Cleveland Central Catholic High School  
 6550 Baxter Avenue  
 Cleveland, Ohio 44105  
 216-641-2056, Direct Line  
 Email: [admissions@ccc-hs.org](mailto:admissions@ccc-hs.org) or Fax: 855-692-2247