Cleveland Central Catholic High School

6550 Baxter Avenue Cleveland Ohio 44105
Voice/: 216-641-2056 ~ Email: admissions@ccc-hs.org ~ Fax: 855-692-2247

Application 2024-2025

Name of Student:_____ **Gender:** F **Date of Birth:** _____
Last First MI

Application for Grade: O 9 O 10 O 11 O 12 **Beginning:** O August 2024 O January 2025 O Immediately **Shirt Size:**_____

Parent/Guardian Name:_____ **Relationship to Student:**_____

Parent/Guardian Email:_____ **Primary Number:**_____

Address:_____ **City & State:**_____

Zip Code:_____ **Parish Name or Place of Worship:**_____

Family Graduates of Cleveland Central Catholic:_____

Race: O African American O Caucasian O Asian O Native American O Hawaiian/Pacific Islander O African

O Two or More Races (please identify): _____ O Other:_____

Hispanic/Latino: O YES O NO

U.S. Citizen: O YES O NO **Catholic:** O YES O NO **Language:** O English O Spanish O Other _____

Name of School	City	Grades Attended

Has the student ever been suspended? O YES O NO If yes, why?_____

Has your student ever received special education services? O YES O NO
Which plan does your student currently have? O IEP O 504 O Accommodation Plan O SEGO O Service Plan
Space is limited in the Special Education Program. No consideration for Cleveland Central Catholic High School's (CCCHS) Special Education Program will be given without completing the section above and sending your student's plan along with an 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.*

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

If so, which one? O Cleveland Scholarship O Ed-Choice Scholarship O Jon Peterson Scholarship O Autism Scholarship

How did you hear about Cleveland Central Catholic? _____

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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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 7th and 8th grade
- Transcripts if student is currently a 9th, 10th or 11th 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. Yomaira Ammons
Admissions Coordinator
Cleveland Central Catholic High School
6550 Baxter Avenue
Cleveland, Ohio 44105
216-641-2056, Direct Line
Email: admissions@ccc-hs.org or Fax: 855-692-2247

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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?

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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Current School Evaluation

Please Return to: Ms. Yomaira Ammons, 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.

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

Additional Comments:

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):

Evaluator's Signature _____ Date _____ Evaluator's Contact Number _____

Teacher/ Staff member school email _____

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Character/Personal Promise				
Overall				

Additional Comments (optional):

_____ _____ _____
Evaluator's Signature Date Evaluator's Contact Number

_____
Teacher/ Staff member school email