

When I enroll at Catholic Central High School, I understand that I/ my child will be expected to abide by all Catholic Central High School rules and regulations. We, the parents/guardians, certify that all information in this application is accurate to the best of our knowledge. We accept responsibility for prompt payment of all tuition, fees and other expenses of student by deadline dates determined by Catholic Central High School.



Faith, Knowledge and Tradition...

where students come and success follows.

148 McHenry Street † Burlington, WI 53105 † (262) 763-1510 † Fax (262) 763-1509 † www.cchsnet.org

CATHOLIC CENTRAL HIGH SCHOOL APPLICATION FOR ADMISSION

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

DIRECT ANY QUESTIONS TO: CCHS PRINCIPAL OR THE ADMISSIONS OFFICE
PHONE: (262)763-1510
FAX: (262) 763-1509

Catholic Central High School does not discriminate against any applicant on the basis of handicap, race, color, religion, ethnicity, or national origin or sex.

FOR OFFICE USE ONLY

Student's Actual Registration Date: _____

Student's Starting Date: _____

Registration/Technology Fee Received: _____ Amount: _____ Check Number: _____

Initials: _____ Date Paid: _____

Guidance Initials: _____ Admissions Initials: _____

Main Office Initials: _____ Business Office Initials: _____

Student applying for admission to grade: ____9 ____10 ____11 ____12 CCHS School Year Applying For: 20____

The following forms must be completed and forwarded to the appropriate office before application for admission to Catholic Central High School is complete:

- Complete application form.
- Submit release of records form to current school so that transcripts may be forwarded to Catholic Central prior to attending school. Transfer students need to also submit two letters of recommendation from their current high school to CCHS.
- A non-refundable down payment of \$100.00 is due at the time of registration. A \$400.00 tuition down payment is also due at this time (a minimum of \$200.00 can be paid at registration, but the remaining \$200.00 tuition down payment would be due no later than May 1st). This tuition down payment is refundable if we are notified by May 1st that your child will not be attending Catholic Central.
- Tuition rates are calculated at member and non-member parishioner rates. If you change your parish affiliation you must notify the school office so that we can update this change in the business office.

Applicant Information						
Student Legal Name:						
New Freshman / 2017-'18 Fall Term (please circle):		Yes	No	Transfer (please circle):	Yes	No
Enrollment Date:						
Current Grade:		Current School:		City of School:		
If Transfer Student, High School Attending:				Enrollment Date:		
Student and Family Information						
Parent Mailing Name (ex Mr. & Mrs. John Doe):						
Street:						
City:						
State:						
Zip Code:						
Student Birth Date:			City/State of Birth:			
Student Resides With (please circle):		Both Parents	Mother	Father	Other	
Gender:						
Ethnic Background (please circle all that apply):		American Indian	White/Caucasian	African American		
		Hispanic	Asian or Pacific Islander			
Name Student Commonly Goes By:						
Student's Email:						
Parish Name:		City of Parish:		Religious Preference:		
How did you find out about CCHS?						

Parent Information	
Mother's First Name:	
Mother's Last Name:	
Mother's Primary Phone:	
Mother's Cell Phone:	
Mother's Email:	
Are You A CCHS Alumni?	
If yes, please indicate the year you graduated and maiden name:	
Mother's Employer:	
Mother's Job Title:	
Father's First Name:	
Father's Last Name:	
Father's Suffix:	
Father's Primary Phone:	
Father's Cell Phone:	
Father's Email:	
Are You A CCHS Alumni?	
If yes, please indicate the year you graduated:	
Father's Employer:	
Father's Job Title:	
Please send school emails to:	
Step-parent and/or Second Parent Information (If Applicable)	
First Name:	
Last Name:	
Primary Phone:	
Cell Phone:	
Email:	
Are You A CCHS Alumni?	
If yes, please indicate the year you graduated:	
Address:	
Should report cards, progress reports, newsletters, etc be sent to this parent/relative?	
Siblings Attending CCHS	
Name:	Name:
Current Grade:	Current Grade:
Gender:	Gender:
Siblings Not Attending CCHS	
Name:	Name:
Current Grade:	Current Grade:
Name of Current School:	Name of Current School:
Gender:	Gender:

Tuition Fees and Payments
Name of Person Responsible for Tuition Fees/Payments:
Address:
Primary Phone:
Cell Phone:
Email:
Disciplinary Information
Has your child ever been suspended, dismissed, expelled, or not been permitted to enroll in a school? If yes, please give the name of the school and explain the reason below.
Student Interests
Please list any extracurricular activities and/or sports in which you currently participate in:
Statements of Intent
Student: Why do you want to attend CCHS?
Parent(s): Why do you want your son or daughter to attend CCHS?
Disability and/or Medical Information
Has your child ever been tested or evaluated for any disability (ex. learning disabilities, attention deficit and/or hyperactivity disorder, emotional disabilities, behavioral disabilities, speech/language, etc.), English as a second language, or medical condition? If yes, please describe below any disability and/or medical condition that may affect the student's ability to fully participate in the academic and/or other programs provided at our school.
If applicable, please provide copies of IEP, Student Assistance Plan, Special Ed Child study, or other pertinent documents from the student's school.
<i>Information about disabilities is requested for the purpose of determining whether the school can provide the student with an appropriate education or reasonable accommodations. Not all Catholic schools in the Archdiocese are able to offer Special Education Programs for children with exceptional educational needs. Whenever a student seeks enrollment into a Catholic school, the school shall inquire as to whether the student has a history of or is presently eligible for a special education and related services available under the Individual with Disabilities Act (IDEA).</i>
<i>The admission, instruction, and retention of students with disabilities or special needs shall be determined on an individual basis by the administrator in consultation with the Learning Support Team. A student eligible for placement under IDEA should be enrolled in the Catholic school only if a program and resources are available to meet the student's special needs.</i>
<i>If you are requesting an adjustment or accommodations to allow participation in any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and appropriate professionals.</i>
Publication Information
Which newspaper(s) would you like your son/daughter's press releases (ex. honor roll, awards, sports achievements) be sent to?
If you prefer to not have your son/daughter featured in local newspapers, please state below.