



# Application for Admission

## Applicant Information

Student Name: \_\_\_\_\_

Birthdate (month-day-year) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

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

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_ Name of Parish or Church \_\_\_\_\_ Do you anticipate a need for Financial Aid \_\_\_\_\_

Social Security \_\_\_\_\_

## Academic Information

School Currently Attending \_\_\_\_\_ Home School District: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applying: \_\_\_\_\_ School Year: \_\_\_\_\_

Does the applicant have an IEP or 504? \_\_\_\_\_  
If yes, please submit a copy.  
Please list any disabilities: \_\_\_\_\_

Has the applicant been suspended from school? Yes No (please circle)  
If yes, which grade? \_\_\_\_\_

Extra-Curricular Interests \_\_\_\_\_

Athletic Interests & Level Played (list all): \_\_\_\_\_

## Family Information

Does the applicant have any siblings? Yes No (please circle)  
If yes, please list their names, school attending and ages: \_\_\_\_\_

Did any member of the applicant's family attend Catholic Central? Yes No (please circle)  
If yes, please list their names and graduation years: \_\_\_\_\_

Applicant lives with Both Parents Mother Father Other (Name/relationship) (please circle)

<b>Parent/Guardian 1</b>		
Name		
Relationship to Applicant		
Home Address (if different from applicant's)		
City, State & Zip		
Employer & Occupation		
Employer's Address		
City, State & Zip		
Email Address		
Home Phone	Work Phone	Cell Phone
Preferred Contact Number: Home Work Cell (please circle)		
Marital Status: Single Married Widowed Separated Divorced (please circle)		
Spouse Name:		
<b>Parent/Guardian 2</b>		
Name		
Relationship to Applicant		
Home Address (if different from applicant's)		
City, State & Zip		
Employer & Occupation		
Employer's Address		
City, State & Zip		
Email Address		
Home Phone	Work Phone	Cell Phone
Preferred Contact Number: Home Work Cell (please circle)		
Marital Status: Single Married Widowed Separated Divorced (please circle)		
Spouse Name:		

**Referral Information**

How did you hear about Catholic Central High School?

- |           |                 |            |
|-----------|-----------------|------------|
| Website   | Mail            | Alumni     |
| Radio     | Lawn Sign       | Facebook   |
| Newspaper | Friend/Relative | Other ____ |
- (please circle one)

Please provide name of Friend or Alumni/year \_\_\_\_\_

\_\_\_\_\_

## Applicant Acknowledgement

We certify that the information provided in this application is true and correct. We understand our failure to provide truthful information may be grounds to deny or withdraw the applicant's application.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Application Information

Please note: To fully process this application, the following items must be submitted:

- Current School Year Report Card
- Previous School Year Final Report Card
- Most Recent Standardized Test Scores
- Records Release Form

Please return application & application materials to:

Admissions Office  
Catholic Central High School  
625 7<sup>th</sup> Ave  
Troy, NY 12182

Email: [LBeach@cchstroy.org](mailto:LBeach@cchstroy.org)  
FAX: (518) 237-1796

If you have any questions, please contact admissions at (518) 235-7100 extension 224.