



Application for Admission

Please complete and return this form (Page 1) if you **did not** register for the STS High School Placement Test that was held at Central Catholic on December 12, 2009. Page 2 must be completed and returned to CCHS, while Page 3 should be signed and submitted to your current school for completion. Students, who took the STS Test at another Catholic High School, must request that copies of the results are sent to Central Catholic as soon as possible. An additional make-up test will be offered at CCHS in the spring as long as space permits. *Financial Aid Applications will be posted on our website by February 1, 2010.*

Student Name: _____ Goes by: _____
Last First Middle

Father's Full Name: _____ Mother's Full Name: _____

Father's Employer/Title: _____ Mother's Employer/Title: _____

Guardians' Full Name(s)--if not parent(s): _____

Student lives with: Both Parents Father Mother Other: _____

Student's Primary Mailing Address: _____
Street

City State Zip

Home (Primary) Phone Number: _____

Primary Parent's Alternate-Daytime Number: _____

Primary Parent's email address (list only one): _____

Student's Birthday: _____ Place of Birth: _____
(mm/dd/yyyy) City/State

Did the applicant's Father or Grandfather(s) graduate from Central Catholic High School? Yes _____ No _____

If so, please list his/their name(s) and graduation year(s) _____

Religion of the Student: Catholic Other (Please specify): _____

Parish (if Catholic): _____
Name City State Zip

Current School: _____ Grade: _____

Public School District: _____

Person (s) responsible for tuition _____

Below please print name of parent (s), or guardian as it should appear in the primary mailing address:

Name _____

Please circle one (Mr. & Mrs.) (Mr.) (Mrs.) (Ms.) (Other: _____)

Joint/Second Parent/Guardian Information: *If there is need for communication to be sent to a second parent, please indicate in this space*

Name _____ Relation to student _____

Address _____

City _____ State _____ Zip _____

Phone _____

I hereby grant Central Catholic High School permission to request and examine all information necessary in considering my son's application.

Parent/Guardian Signature: _____ Date: _____

Central Catholic High School
4720 Fifth Avenue
Pittsburgh, PA 15213
412-621-7505

Recommendation from Applicant's School

Student's Name _____

Applying for grade ____ 9 ____ 10 ____ 11

Present School _____

*I hereby grant to Central Catholic High School permission to request
and examine all information necessary in considering my application.*

Applicant's Signature _____

Parent's Signature _____

Please submit this form to your current Principal for completion

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(The remaining sections of this form should be completed by the Principal, in consultation with the 8th grade teachers, of the applicant's present school. It should be returned directly to the Central Catholic Admissions Office, along with the requested transcripts, to the address above. Please do not return this form to the Applicant.)

All responses and comments will be confidential information and used only for admission purposes

Academic Performance in School

Please base the rating only on the student's in-class work—not standardized testing.

1. His **overall academic performance** is: _____ Excellent _____ Good _____ Fair _____ Poor
2. His **Reading Skills** are: _____ Excellent _____ Good _____ Fair _____ Poor
3. His **Writing Skills** are: _____ Excellent _____ Good _____ Fair _____ Poor
4. His **Math Skills** are: _____ Excellent _____ Good _____ Fair _____ Poor
5. His **Science/Lab work** is: _____ Excellent _____ Good _____ Fair _____ Poor

Social Performance/Behavior in School

1. His **Ability to Interact** with classmates is: _____ Excellent _____ Good _____ Fair _____ Poor
2. His **Effort in the Classroom** is: _____ Excellent _____ Good _____ Fair _____ Poor
3. His **Cooperation with Faculty** is: _____ Excellent _____ Good _____ Fair _____ Poor
4. His **Daily Attendance** is: _____ Excellent _____ Good _____ Fair _____ Poor
5. His **In-class Behavior** is: _____ Excellent _____ Good _____ Fair _____ Poor
6. **Parental Support** is: _____ Excellent _____ Good _____ Fair _____ Poor

Has this student ever been suspended or expelled from your school or any previous school? ____ Yes ____ No
If "yes", what was reason:

Please return this completed form, with the student's 6th, 7th & 8th (1st Semester) grade transcript of grades and achievement test scores directly to:

Admissions Office

Central Catholic High School

4720 Fifth Avenue

Pittsburgh, PA 15213

Central Catholic is limited in what programs it can offer for learning-disabled students. Does this student have any learning difficulties or special needs of which we should be aware of while evaluating the student's application for admission? Has there been a clinical evaluation?

Principal's Recommendation

I recommend this applicant:

_____ *Strongly* _____ *With Minor Reservation* _____ *With Significant Reservation*
_____ *I do not recommend this applicant*

Please explain:

Principal's Signature _____

Phone Number _____

Date _____

Reminder—Please remember to include a transcript of grades and standardized test scores for the student's 6th, 7th & 8th (1st Semester) grade years.