

Central Catholic High School

*10th & 11th Grade Transfer Student
Admissions Application Packet*

Dear Student & Parents,

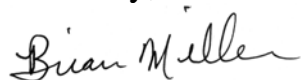
Thank you for your interest in Central Catholic High School. In this packet you will find application materials for admission to Central Catholic as a transfer student.

Students who are applying to Central Catholic for the 10th or 11th grade will be evaluated on the basis of their present school *grades, standardized testing, school recommendations, and disciplinary record*. **Applicants must have at least a 75% in each of their academic courses to be considered for transfer. Final acceptance decisions will not be made until final grades are available in June. Tentative decisions may be announced in April or May.**

There are three sections to the application. The **10th & 11th Grade Transfer Application** form should be completed by the parents of the applicant and returned to Central; The applicant should complete the **Questionnaire** on his own and it should be returned with the Transfer Application; the **Recommendation** form should be completed by an administrator or counselor at your son's present school and returned to Central along with a copy of your son's **current transcript**. If any we have questions regarding the application, an interview may be requested.

If you have any questions about Central Catholic, please contact me at 412-621-7505. I look forward to meeting you and your son in the near future.

Sincerely,



Brian Miller
Director of Admissions



10th & 11th Grade Transfer Application

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 Work or Cell Phone (Daytime): _____

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 _____ Non-Catholic

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.)

Joint/Second Parent/Guardian Information: If there is need for communication to be sent to another 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: _____

6.) What are your goals for your remaining high school years and beyond?

7.) Which are your favorite academic subjects?

Which is your least favorite?

8.) How much time do you spend on your studies?

9.) Which extra-curricular activities do you participate in at school?

10.) Have you been involved in any disciplinary problems at school? If so, explain?

11.) Currently, what is your academic average or QPA?

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

Recommendation from Applicant's School

Student's Name _____

Applying for grade _____ 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 Guidance Counselor for completion

(The remaining sections of this form should be completed by the Counselor, in consultation with the student's 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 **transcript of grades, achievement test scores, and disciplinary records** directly to:

Admissions Office Central Catholic High School 4720 Fifth Avenue Pittsburgh, PA 15213

Your prompt forwarding of these materials will be very helpful and much appreciated

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**?

School Recommendation

_____ I strongly recommend this student for admission to Central Catholic.

_____ I recommend this student with reservation.

_____ I do not recommend this student for admission.

Comments:

Counselor's Signature _____

School _____

Date _____

***** Reminder**—Please remember to include a transcript of grades, standardized test scores and Disciplinary Record (PA Act 26 of 1995)