

# Grand Island Central Catholic Schools

1200 Ruby Avenue Grand Island, NE 68803

PH: 308-384-2440 FX: 308-389-3274



## 2nd Semester APPLICATION FOR ADMISSION

I am applying for a tuition-free Spring 2021 semester, and I understand that no tuition monies are guaranteed after May 2021.

Student's Name: \_\_\_\_\_ Gender: M F  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip*

Student's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Most Recent School: \_\_\_\_\_ City & State: \_\_\_\_\_

Grade the student will be entering at GICC (circle):      6      7      8      9      10      11      12

Is student registered in a Catholic parish? \_\_\_\_\_ No \_\_\_\_\_ Yes (Parish Name): \_\_\_\_\_

Have one or both parents graduated from Central Catholic High School? \_\_\_\_\_ No \_\_\_\_\_ Yes

Preferred Parent Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Catholic: \_\_\_\_\_ No \_\_\_\_\_ Yes

Father's Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Catholic: \_\_\_\_\_ No \_\_\_\_\_ Yes

Mother's Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other: \_\_\_\_\_

FATHER: \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased      MOTHER: \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased

Is student living with someone other than parent(s)? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes: \_\_\_\_\_  
*Name(s) Relationship Cell Phone*

\_\_\_\_\_ *Address City Zip Home Phone*

**Continued on Reverse**

Does applicant have siblings who attended Catholic schools? \_\_\_\_\_ No \_\_\_\_\_ Yes

Please list any siblings still living at home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Has the applicant ever been identified as having a learning disability? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, was the applicant receiving any special services? \_\_\_\_\_ No \_\_\_\_\_ Yes

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any prescription medications, allergies, handicaps or other conditions of which we should be aware:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Our mission at Central Catholic is to teach as Jesus did and to integrate Christian values into daily living. Will the applicant promote these values as a student at GICC? \_\_\_\_\_ No \_\_\_\_\_ Yes**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Central Catholic is committed to providing a safe and nurturing environment that will prepare your student for college and help him/her make an impact in the world!



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## RELEASE OF STUDENT INFORMATION

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOST RECENT SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

- RECORDS TO BE RELEASED:
- Academic (courses & grades)
  - Test Scores
  - Evaluation Data
  - Grades Earned (at time of leaving)
  - Achievement and/or Competency Test Scores
  - Health Records
  - Chemical Abuse Procedure Violation
  - Psychological or Special Education Information

Said school has my authorization to release records, and other information as indicated above, to Grand Island Central Catholic Schools for the student listed above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Please send above information to:

**School Records Department**  
**Grand Island Central Catholic Schools**

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