



# Grand Island Central Catholic Schools

1200 Ruby Avenue Grand Island, NE 68803

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



## APPLICATION FOR ADMISSION

*Information obtained from this form will be kept confidential for administration purposes only.*

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): K 1 2 3 4 5 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 Grand Island 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**

If applicant is entering grades 6 - 8, please choose one of the following Music courses: \_\_\_\_\_ Band \_\_\_\_\_ Choir

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

Please list any siblings still living at home who do NOT attend GICC:

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:

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

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**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**

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

**A registration fee of \$100 (applicable toward tuition) is required with the application.  
The registration fee will be returned if admission is denied.**

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!

