

New Student Applications submitted with the \$100 registration fee before

March 26, 2020

will earn the new student a choice of 3 uniform shirts, 1 uniform crewneck, or 1 uniform jacket FREE!

Circle your choice above, and list your student's size: _____

(Office Use Only) Registration Fee Paid - Date: _____ Cash _____ Check# _____

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): 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

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: _____

**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!

