

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

New Student Applications submitted with the \$100 registration fee before **May 7, 2021** 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: \_\_\_\_\_

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*

**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: \_\_\_\_\_

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**

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!

