



# ELYRIA CATHOLIC HIGH SCHOOL

*Application for Admission*

APPLYING FOR ADMISSION TO GRADE: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Full Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Name Student commonly goes by: \_\_\_\_\_

ParentPhone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Student Lives with: ☐ Mother and Father ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Guardian ☐ Mother  
☐ Father ☐ Relative ☐ Other, Specify: \_\_\_\_\_

Current School: \_\_\_\_\_  
NAME LOCATION

Public School District (in which you live): \_\_\_\_\_

Student's Religious Affiliation: \_\_\_\_\_ Parish/Congregation/Synagogue: \_\_\_\_\_

How did you find out about Elyria Catholic High School? \_\_\_\_\_

Are you applying for the EdChoice or Cleveland Scholarship? \_\_\_\_\_

Are you applying for the Jon Peterson or Autism Scholarship? \_\_\_\_\_  
If so, please provide a current IEP and ETR.

Have you applied to any other Catholic or private high school(s)? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Elyria Catholic Affiliations: Please list all relatives who attend/attended Elyria Catholic.

NAME	RELATIONSHIP	EC GRADUATION YEAR
NAME	RELATIONSHIP	EC GRADUATION YEAR
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NAME	RELATIONSHIP	EC GRADUATION YEAR

**Admission Policy:** Elyria Catholic High School admits students of any race, color, and national or ethnic origin.

## MOTHER

PLEASE CIRCLE

Ms. Mrs. Dr. Other: \_\_\_\_\_ Elyria Catholic Alumna? Graduation Year: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Degree (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FATHER

PLEASE CIRCLE

Mr. Dr. Other: \_\_\_\_\_ Elyria Catholic Alumnus? Graduation Year: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Degree (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PLEASE LIST ALL SIBLINGS OF THE PROSPECTIVE STUDENT

NAME	RELATIONSHIP	CURRENT GRADE LEVEL
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NAME	RELATIONSHIP	CURRENT GRADE LEVEL
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NAME	RELATIONSHIP	CURRENT GRADE LEVEL
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NAME	RELATIONSHIP	CURRENT GRADE LEVEL
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## TELL US ABOUT YOU

Please explain why you would like to attend EC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any extracurricular activities in which you are currently involved (in and out of school): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your favorite subject in school? Why? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain by attending EC? \_\_\_\_\_

\_\_\_\_\_

What do you feel you can contribute to the EC community? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9th-11th grade **transfer students** must complete this section in addition to the above.

What influenced your decision to apply to EC at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What organization or activity have you enjoyed the most during high school? What did you learn from your participation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How have you contributed to serving your high school, church, or community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What grade school did you graduate from? \_\_\_\_\_



## **AUTHORIZATION TO RELEASE SCHOOL RECORDS**

DATE .....

**I GRANT PERMISSION TO:**

NAME OF SCHOOL .....

ADDRESS OF SCHOOL .....

**TO RELEASE THE INFORMATION REQUESTED BELOW FOR THE SCHOOL RECORDS OF:**

NAME OF STUDENT .....

CURRENT GRADE .....

PARENT/LEGAL GUARDIAN  
SIGNATURE .....

RELATIONSHIP TO STUDENT .....

ADDRESS .....

PHONE NUMBER .....

**INFORMATION REQUESTED:**

- Official Transcripts (final 6th & 7th grade, first semester 8th grade for students applying in 8th grade)
- Grades for your classes that are currently in progress
- Standardized test scores, proficiency test results, state test results
- Copies of IEP, service plans, and accommodation plans if applicable
- Disciplinary records (for transfer students)
- Health records
- Attendance records

### **ALL MATERIALS SHOULD BE SENT TO:**

ELYRIA CATHOLIC HIGH SCHOOL | EMAIL: [ZIEGELMEYER@ELYRIACATHOLIC.COM](mailto:ZIEGELMEYER@ELYRIACATHOLIC.COM)

725 GULF ROAD, ELYRIA, OH 44035

CONTACT TERRY ZIEGELMEYER, DIRECTOR OF ADMISSIONS,  
440.230.8606 FOR ADDITIONAL INFORMATION IF NEEDED.