

# Nouvel Catholic Central Schools

## Student Application for Grades Y5 -12

☐ 2025-2026 School Year   ☐ 2026-2027 School Year



**Welcome to Nouvel Catholic Central. We are thankful for your interest in our school. Student application is the first step to enrollment at Nouvel Catholic Central. Please complete the information below or visit [www.NouvelCatholic.org/Apply](http://www.NouvelCatholic.org/Apply) to complete online. If using paper form, please return the completed application to Nouvel Catholic Central Admissions Office, 2555 Wieneke Rd., Saginaw, MI 48603 or via email at [admissions@nouvelcatholic.org](mailto:admissions@nouvelcatholic.org). One application should be submitted on behalf of each child applying.**

### Applying for admission to:

- ☐ Nouvel Catholic Central Young Fives (age 5 on or before Dec. 31, 2025 for 2025-2026 School Year)
- ☐ Nouvel Catholic Central Kindergarten (age 5 on or before Sept. 1, 2025 for 2025-2026 School Year)
- ☐ Nouvel Catholic Central Elementary (Grades 1-6)
- ☐ Nouvel Catholic Central Junior High (Grades 7-8)
- ☐ Nouvel Catholic Central High School (Grades 9-12)

**Name of student** \_\_\_\_\_

Last name

First name

Middle name

Date of birth

☐ Male   ☐ Female

Ethnicity

Country of Birth

**Home Address** \_\_\_\_\_

Street

City

State

Zip

Home Phone

**Applicant resides with** \_\_\_\_\_

Name

Relationship

**If applicable:**

**Religion** \_\_\_\_\_ **Parish/Church** \_\_\_\_\_ **Pastor** \_\_\_\_\_

**Current School** \_\_\_\_\_

School Name

Grade

School phone

**School Address** \_\_\_\_\_

Street

City

State

Zip

### School-Age Siblings of Applicant

1) \_\_\_\_\_

Name	Age	School	Present grade
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2) \_\_\_\_\_

Name	Age	School	Present grade
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3) \_\_\_\_\_

Name	Age	School	Present grade
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**Will sibling(s) be applying to Nouvel Catholic Central?**   ☐ Yes   ☐ No   ☐ Undecided

*Note: A separate application must be submitted for each child.*

**Schools previously attended** *(Please do not include present school)*

School name

School address

School phone

Dates of attendance

School Name

School address

School phone

Dates of attendance

**Custodial Parent/Guardian:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

**Relationship to applicant** \_\_\_\_\_

Last name

First Name

Middle name

**Address** \_\_\_\_\_

Street

City

State

Zip

Home Phone

Cell Phone

Home email address

**Additional Legal Guardian:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

**Relationship to applicant** \_\_\_\_\_

Last name

First Name

Middle name

**Address** \_\_\_\_\_

Street

City

State

Zip

Home Phone

Cell Phone

Home email address

**Additional Information**

How did you hear about Nouvel Catholic Central? \_\_\_\_\_

Please describe your child (i.e. likes, dislikes, interests, hobbies, etc.). Is there anything the school should know about your child?

Does your child have any special needs (i.e. specific learning challenges, IEP, previous testing, emotional concerns, gifted students, etc.)? If yes, please indicate: \_\_\_\_\_

***I give permission for Nouvel to contact my child's current school (grades 1<sup>st</sup> and higher) to request a copy of last report card or high school transcript, attendance records and discipline records (if applicable). I understand that failure to provide complete and accurate information may be cause for denial of admission or dismissal from the school.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note: Students in grades Young Fives and Kindergarten will be asked to provide a current immunization record and birth certificate upon enrollment at Nouvel Catholic Central.