



ACADEMIC OPPORTUNITY

INSPIRED STUDENTS

ENGAGED COMMUNITY

CATHOLIC TRADITION

APPLYING FOR ADMISSION TO GRADE: 9 10 11 12

Full Legal Name: _____
LAST FIRST MIDDLE

Name Student commonly goes by: _____

Home Phone: () _____

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 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
NAME	RELATIONSHIP	EC GRADUATION YEAR
NAME	RELATIONSHIP	EC GRADUATION YEAR

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

NAME RELATIONSHIP CURRENT GRADE LEVEL

NAME RELATIONSHIP CURRENT GRADE LEVEL

NAME RELATIONSHIP CURRENT GRADE LEVEL

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? _____

INTERESTS

STUDENT INTERESTS. Circle any clubs or activities that you would like to participate in at Elyria Catholic.

Ambassadors	Challenge (School Newspaper)	Key Club	SADD
Academic Team	Drama Club	Model United Nations	Science Olympiad
Art Club	ECHO (Yearbook)	Music Ministry – God Squad	Socratic Club
Band/Flag Corps	Environmental Club	National Honor Society	Student Senate
Board Game Club	Eucharistic Ministers	Panther Pride Productions	Writer's Club
Breakfast Club	Film Club	Peer Ministry	

ATHLETICS: Circle any sport that you would like to participate in at Elyria Catholic.

Football	Track	Baseball	Cheerleading
Basketball	Golf	Softball	Ice Hockey
Wrestling	Volleyball	Bowling	Swimming
Cross Country	Tennis	Soccer	

OTHER OPPORTUNITIES IN ATHLETICS:

Statistician	Video Personnel	Announcer
Athletic Manager	Scoreboard	

Other (Please fill in other personal interests): _____

AUTHORIZATION TO RELEASE RECORDS:

I give permission for Elyria Catholic to request and receive all pertinent records from my child's current school of attendance.

Child's Full Name: _____

Parent(s) Signature: _____ Date: _____

This application and the official records of the student must be sent to the Admissions Office for consideration. For incoming 9th grade students, two letters of recommendation by a current teacher or principal are also required. When application is made to Elyria Catholic High School, it is presumed the child will attend the school if he/she is accepted. Attempts to change schools, once a decision has been made, lead only to misunderstanding, confusion, and often an educational disadvantage to the child.



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Elyria, OH 44035-3697
440.365.1821
elyriacatholic.com



Confidential Recommendation for Admission
(Must be completed by a current teacher or principal)

Name of Applicant _____

How long have you known this applicant? _____

The student above is seeking admission to Elyria Catholic High School. We would appreciate your candid response regarding the student's intellectual promise and capacity for success. Be assured your comments will be held in the strictest confidence and will not be shared with the student or parents. This recommendation will not become part of the student's permanent file. Questions regarding the completion of this form should be directed to Terry Ziegelmeyer, EC Admissions Director, at (440) 365-1821, extension 8606 or via email at ziegelmeyer@elyriacatholic.com. Thank you so much for your time and effort in completing this form.

	Excellent	Good	Fair	Poor
Willingness to Serve Others				
Academic Achievement				
Academic Potential				
Consistency of Performance				
Quality of Daily Preparation				
Work Ethic				
Class Participation/Attentiveness				
Self-direction				
Leadership Ability				
Relationship with Peers				
Relationship with Adults				
Respect for Others				
Integrity and Honesty				
Social and Emotional Maturity				
Exercises Self Control				
Family Support of Education				

1. Math

This student will have completed: _____ Math 8 _____ Pre-Algebra _____ Algebra 1

2. Foreign Language

_____ no foreign language experience
 This student will have had: _____ some foreign language (please specify: _____)
 _____ equivalent of a yearlong course (please specify: _____)

3. Please reflect on the impact that co-curricular activities have had on this student's development.

4. Are there any factors that have interfered with this student's past academic performance or are there any factors that could interfere with this student's academic performance in high school?

5. Has the student been disciplined for a severe infraction in the 7th or 8th grade? No Yes
 If yes, please explain: _____

6. Have any academic accommodations been made that should continue in high school to facilitate this student's success (such as extended time, preferential seating, etc.)?

7. What makes this student unique or what unique contribution does this student make in your school?

8. Would you recommend this student for:

_____ Honors Courses _____ Regular Courses _____ Remedial Courses

*Please note that EC will make the ultimate decision on courses, but your input is valuable.

9. Recommendation for Admission to Elyria Catholic High School

	Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
For Academic Promise:				
For Character/ Personal Promise:				
Overall Recommendation:				

Additional Comments (optional):

Printed Name

Title

School

Signature

Date