

# Nouvel Catholic Central Schools

## Student Application for Grades Y5 -12

### 2021-2022



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).

Applying for admission to: \_\_\_\_\_ **Nouvel Catholic Central Elementary Y5 – 8** \_\_\_\_\_ **Nouvel Catholic Central High School 9 – 12**  
 2136 Berberovich St. 2555 Wieneke Rd.  
 Saginaw, MI 48603-3603 Saginaw, MI 48603-2863  
 989-399-2230 989-399-2230

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

Last name	First name	Middle name	Date of birth
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Male     Female

Ethnicity	Birthplace
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**Home Address** \_\_\_\_\_

Street	City	State	Zip	Home Phone
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**Applicant resides with** \_\_\_\_\_

Name	Relationship
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**If applicable:**

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

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

School Name	Grade 2020/2021	School phone
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**School Address** \_\_\_\_\_

Street	City	State	Zip
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**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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**Siblings applying for:**    Nouvel Elementary \_\_\_\_\_    Nouvel High School \_\_\_\_\_    N/A \_\_\_\_\_

*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
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School Name	School address	School phone	Dates of attendance
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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, 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.

**FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Date of Appointment: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ Student Information Sheet: \_\_\_\_\_ Health Records: \_\_\_\_\_

Transcript/Report Cards: \_\_\_\_\_ Payment Agreement Form: \_\_\_\_\_ Parish Commitment: \_\_\_\_\_