



Admissions

Director of Admissions - Mrs. Cindy Hirsch
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Cardinal Gibbons High School Application Procedures

CGHS Entrance Exam for Freshman - Saturday, January 21, 2012

Procedures for incoming 9th grade students:

1. Submit the application for admission and test fee of \$50.00 by January 14, 2012.

Note: The same entrance exam is given at all Catholic high schools on the same date and time.
You should take the test at your first-choice school.

2. Take the Catholic High School Entrance Exam (HSPT) on Saturday, January 21, 2012 at 8:00 am.
3. Submit 7th and 8th grade report cards, standardized test scores, and two letters of recommendation by the exam date.
4. You will be notified of your acceptance by letter, to be mailed on February 17, 2012.
5. After you are notified of your acceptance, parents and students must attend the academic advisement and registration days broken down alphabetically by student's last name (see below).

A - F: Monday, March 5th, 2012 - from 4:00 p.m. - 7:00 p.m.

G - M: Tuesday, March 6th, 2012 - from 4:00 p.m. - 7:00 p.m.

N - Z: Wednesday, March 7th, 2012 - from 4:00 p.m. - 7:00 p.m.

Procedures for Applications for grades 10, 11, 12

1. Complete the application for admission.
2. Submit the following required documents:
 - a. An official transcript for all other high school years
 - b. All high school standardized test scores
 - c. Two letters of recommendation from teachers, guidance counselors or others with knowledge of the applicant's character or service
 - d. A verification of your affiliated parish
3. An interview with the Admissions Director and/or Administration may be requested.
4. After notification of acceptance, complete your registration and pay the registration fee of \$350.00 within one week.

Procedures for International Student Applications

1. Complete the application for admission.
2. Submit these required documents:
 - a. Translated and evaluated transcripts (Many families use www.jsilny.com)
 - b. Original birth certificate
 - c. Status F-1 Visa
3. An interview with the Admissions Director and/or Administration may be requested.
4. After notification of acceptance, complete your registration and pay the registration fee of \$350.00 within one week.



Application: Grades 9 thru 12

FOR SCHOOL YEAR 2012-2013

\$50 Testing Fee for Incoming Freshman

Office Received by Date: _____

Date: _____

Student Information:

Current CGHS Math Student Yes No Entering Grade (circle one): 9 10 11 12

Last _____ First _____ Middle _____ Gender M F

Parent's/Guardian's Name _____ Home Phone _____

Address _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Student Social Security Number _____ School Student Presently Attends _____

Catholic Parish _____ Religion _____ Year of Baptism | Year of Confirmation _____

Student Ethnicity: White / Caucasian Hispanic / Latin Hispanic / Black African American
 Asian Hawaiian / Pacific Islander Native American Indian Other _____

Family Information:

First and last name of siblings **currently enrolled** at Cardinal Gibbons High School _____

First and last name of family members who **have attended** Cardinal Gibbons High School and the year they graduated _____

Student Lives With: Both Parents Natural Mother Natural Father Grandparents
 Natural Mother & Stepfather Natural Father & Stepmother Other (shared custody) _____

Parents Are: Married Separated Divorced Deceased Mother or Father Single

According to the Buckley Amendment, CGHS will provide custodial parent access to the student's academic records unless there has been a court order provided that specifies otherwise.

Name of additional person to receive mailing _____ E-mail address of the additional person to receive mailing _____

Mailing address of additional person to receive mailing _____

Father's Information:

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Cell # _____ E-mail Address _____

Title _____ Occupation _____

Company Name _____ Business Phone # _____

Business Address _____ City _____ State _____ Zip _____

Stepmother's Name _____ Cell # _____

E-mail Address _____ Job Title _____ Occupation _____

Mother's Information:

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Cell # _____ E-mail Address _____

Title _____ Occupation _____

Company Name _____ Business Phone # _____

Business Address _____ City _____ State _____ Zip _____

Stepfather's Name _____ Cell # _____

E-mail Address _____ Job Title _____ Occupation _____

Has the applicant ever repeated a grade? YES NO Has the applicant ever failed a grade? YES NO

Has the applicant ever been: Suspended: YES NO Asked to withdraw: YES NO Expelled: YES NO

Reason _____



Student Health Form

Student Name: _____

Student Cell Phone _____ Student Home Email _____

Does the student have complete proficiency in the following areas of English?
Reading: YES NO Speaking: YES NO Listening Comprehension: YES NO

Has the student ever been tested for a learning disability? YES NO Please provide documentation of the results.

Child L.D. / A.D.D. / ADHD _____ Allergies (bee stings, etc.) _____

Seizures (epilepsy, etc.) _____ Blood Disorders (hemophilia, etc.) _____

Diabetic _____ Is your child taking any ADD/ADHD medication or any other prescription medication _____

Medical conditions/medications the school should be aware of _____

Should an accident or emergency occur during the school day or during a school activity, and we are unable to contact you, may we send your child to a hospital to be treated by a licensed physician? YES NO

Parental permission to administer Tylenol YES NO

Parent initials

Emergency Contact Information (other than parent/guardian):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Family Physician Name _____

Address _____ Phone # _____

Student Release Information (persons with permission to pick up student other than parent/guardian):

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

NOTE: No student will be released to any person not on the list. Photo I.D. is required from any person who picks up a student.
Please notify the school of any changes in the future.

 Signature _____
 Date



Financial Verification

Student Name: _____

Tuition Payment Information:

Non-Catholic Catholic

Active Member of _____ local Catholic Parish for the past 12 months.

Please indicate the person(s) responsible for payment of this student's tuition and fees:

Both Parents Mother Father

Other (example - shared custody) _____

Please print the name(s) of person(s) responsible for tuition:

1. _____
Name

SS# (Required for Financial Aid Verification)

Address

City State Zip

Email

2. _____
Name

SS# (Required for Financial Aid Verification)

Address

City State Zip

Email

Signature of person responsible for tuition Date

Signature of person responsible for tuition Date

Financial Assistance:

**Income of all parents/step parents must be included in applications.
Applications are only available on-line through the two following programs.**

Everyone seeking Financial Assistance from CGHS must apply to "TADS".

TADS - www.tuitionaid.com 1-800-477-8237

Date applied: _____

All Public School Students seeking Financial Assistance

Must apply to "Step-up for Students" **AND** "TADS".

Step-up for Students - www.stepupforstudents.org 1-877-735-7837

Date applied: _____