



Remove
and return to student's current school

† 50 Years on the Via Pacis †

Eternal God of us all, we, the Carroll family, give thanks for the many blessings of these first 50 years.

We give thanks for those who have gone before us and have set a solid foundation as a community of faithful servants.

We go forth now blessed in your presence, Lord, and guided by your Mother, Mary.

Renew in us our pursuit of wisdom and knowledge and bless all our endeavors. Grant that all, may know You, Christ, as the source of all truth.

May we step into the future grounded in Your Holy Spirit, making Carroll High School a city set on a hill, a light that cannot be hidden, so others may know your great love through Christ our Lord.

Amen



† Application for Admission †

STUDENT INFORMATION

Applicant Name _____

Last First Middle

Enrollment to Grade _____ Home Phone _____

Address _____

Street City, State Zip

Male Female Date of Birth _____

City/State of Birth _____

Current Public School District of Residence _____

Ethnicity (please check)

African-American/Black Asian/Pacific Island Hispanic/Latina/Latino

Native American White

Multiracial _____ Other _____

Religious Affiliation

Father _____

Denomination Parish or Congregation

Mother _____

Denomination Parish or Congregation

Student _____

Denomination Parish or Congregation

Student Resides With

Mother & Father Mother only Father only Mother & Stepfather

Father & Stepmother Foster Parents Adoptive parents Grandparents

Legal Guardian *The State of Ohio requires us to keep on file a copy of custody arrangements.*

Have any siblings attended Carroll?

No Yes _____

Does the student have special medical and/or educational needs/IEP?

No Yes

Has the student ever been suspended or expelled from a school?

No Yes

Has the student ever had legal problems (juvenile court, police, etc.)

No Yes

I have provided a copy of all current custody documents.

No Yes

FATHER INFORMATION

Name _____

Last First Middle

Address (if different from student)

Street City, State Zip

Occupation _____ Work Phone _____

Place of Employment _____

Email _____

Carroll Graduate No Yes (year) _____

Paternal Grandparents' Names

MOTHER INFORMATION

Name _____

Last First Middle

Address (if different from student)

Street City, State Zip

Occupation _____ Work Phone _____

Place of Employment _____

Email _____

Carroll Graduate No Yes (year) _____

Maternal Grandparents' Names

Emergency Contact _____

Name Phone

BILLING INFORMATION

Please indicate who is to pay the bills accrued at Carroll High School and the percentage each party is paying. Failure to pay 100% of your bill will result in the child being removed from school.

Name _____ % Paid _____

Relation to Student _____ Phone _____

Address (if different from student)

Street City, State Zip

Name _____ % Paid _____

Relation to Student _____ Phone _____

Address (if different from student)

Street City, State Zip

Signature of Parties Responsible for Payment of Bills

_____ Date _____

_____ Date _____

Notes

- The satisfactory completion of the present grade in a recognized, public, private, home or parochial school is necessary for admission.
- Transfers in mid-year can be made upon approval of the administration. Evidence of satisfactory work will be required before final acceptance. A copy of the applicant's transcripts of grades must be forwarded to Carroll High School.
- This application will not be processed or considered until all records have been received by Carroll and we are in receipt of the non-refundable \$125 new student registration fee.



This form is also available online at

www.carrollhs.org

REQUEST FOR STUDENT RECORDS

Please fill in the required information, sign and submit to your child's current school

Student Name _____

Last First Middle

Current Grade _____ Birthdate _____

Address _____

Street City, State Zip

I, _____ the parent/guardian of _____

Name Student

request that _____

Current School Phone

provide copies of school record information to Carroll High School. The records should include copies of all school records as defined by public law 93-380, and any amendments thereto, including standardized test scores, latest quarter report cards, IEP/Evaluation Team Report (if applicable) and State of Ohio Graduation Test scores. (Health records are not required at this time). These records will be used for consideration of admissions and appropriate education placement only and I am not requesting a permanent transfer of records at this time. A request for final records, including immunizations and health records, will be made following course registration.

Parent/Guardian Signature _____

Date _____

Phone _____

Please send records to:

Carroll High School
Director of Advancement and Admissions
4524 Linden Avenue
Dayton, OH 45432