

**NEWPORT CENTRAL CATHOLIC HIGH SCHOOL
FRESHMAN REGISTRATION**

DATE: _____

STUDENT NAME _____ SEX: Male _____ Female _____

SOC. SEC. NO. _____ STUDENT AGE: _____ ETHNIC BACKGROUND: _____

GRADE SCHOOL ATTENDED: _____

STUDENT LIVES WITH: (Check one) _____ Both Parents _____ Father _____ Mother
_____ Other (relationship) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ RELIGION _____

MAILING ADDRESS FOR ALL COMMUNICATIONS

(circle one)

Mr., Mrs., Ms., Mr. & Mrs. _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Parish _____

Father's full name _____

Occupation _____ Business Phone _____

Email address _____ Cell Phone _____

Mother's full name _____

Occupation _____ Business Phone _____

Email address _____ Cell Phone _____

Significant health problems or physical handicaps the school should be aware of: _____

Other concerns: (L.D., Special Ed programs, etc.) _____

PLEASE RETURN WITH \$25.00 REGISTRATION FEE TO:

NCCHS – 13 CAROTHERS RD., NEWPORT, KY 41071 (859) 292-0001