

Cleveland Central Catholic High School
Student Information Form (2/2018)

Student Name _____	Graduation Year _____	
First Middle Last		
Address _____	Email _____	
City _____	Zip Code _____	Last Four Social Security # _____
Home Phone (____) _____ - _____	Student Cell (____) _____ - _____	
Church/Place of Worship _____		

Legal Custodial Parent/Guardian I
Name _____
Relationship to Student _____
Lives with student? ___ yes ___ no
Phone (____) _____
Cell Phone (____) _____
Place of Work _____
Work Phone (____) _____
Email _____@_____
Last Four Social Security # _____

Legal Custodial Parent/Guardian II
Name _____
Relationship to Student _____
Lives with student? ___ yes ___ no
Phone (____) _____
Cell Phone (____) _____
Place of Work _____
Work Phone (____) _____
Email _____@_____

Please include any special contact notes on the reverse side of this sheet. Thank you!

Emergency Contact I
Name _____
Relationship to Student _____
Lives with student? ___ yes ___ no
Phone (____) _____
Emergency # (____) _____

Emergency Contact II
Name _____
Relationship to Student _____
Lives with student? ___ yes ___ no
Phone (____) _____
Emergency # (____) _____