

Cleveland Central Catholic High School
Student Information Form (8/2017)

Student Name _____			Graduation Year _____		
First	Middle	Last			
Address _____			Email _____		
City _____		Zip Code _____		Social Security # _____	
Home Phone (____) _____ - _____			Student Cell (____) _____ - _____		

Legal Custodial Parent/Guardian I

Name _____

Relationship to Student _____

Lives with student? ___ yes ___ no

Phone (____) _____

Cell Phone (____) _____

Place of Work _____

Work Phone (____) _____

Email _____@_____

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 # (____) _____