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

Student Name First Middle  Address	Last	
	<del></del>	
City Zip Coo	de	Social Security #
Home Phone () Student Cell ()		
	1 7	
Legal Custodial Parent/Guardian I	Pl	Legal Custodial Parent/Guardian II
Name	ease	Name
Relationship to Student	Please include any	Relationship to Student
Lives with student? yes no	e any	Lives with student? yes no
Phone ()	y special contact notes	Phone ()
Cell Phone ()	al cor	Cell Phone ()
Place of Work	ıtactı	Place of Work
Work Phone ()	notes	Work Phone ()
Email@	on the	Email@
Social Security #	e reve	
rse s		
Emergency Contact I	ide o	<b>Emergency Contact II</b>
Name	f this	Name
Relationship to Student	reverse side of this sheet.	Relationship to Student
Lives with student? yes no	Thank	Lives with student? yes no
DI ( )	nk	Dhone (

Emergency # (\_\_\_\_\_) \_\_\_\_

Emergency # (\_\_\_\_\_) \_\_\_\_