

**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 # (\_\_\_\_\_) \_\_\_\_\_